

MISCELLANEOUS SURETY BOND APPLICATION

PRODUCER: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Producer’s Recommendation – Your recommendation will be helpful and may be the difference between getting a refusal or having the bond written. Tell us what you know and think of the applicant.

IMPORTANT:

The prompt approval of this bond depends on the completeness of this application. The Company reserves the right to decline this application and to withhold reason for declination, as all information relative thereto is regarded as confidential.

1. Applicant’s Name in Full: _____ Age: _____
Social Security #: _____ Federal Employee Identification #: _____
Trade Name, if Any: _____
2. Business Address: _____ City: _____ State: _____ Zip: _____
3. Residence Address: _____ City: _____ State: _____ Zip: _____
4. Occupation or Business: _____
5. Amount of Bond: \$ _____
6. Date of Bond: _____, 20____ Expires: _____, 20____
7. To Whom Is Bond Given: _____

(Give exact and complete name, especially if corporation.)

8. Address of Above: _____ City: _____ State: _____ Zip: _____
9. Nature or Character of Bond Required (Submit Bond and Other Papers or Give Complete Details): _____

10. If Another Company has Declined This Bond, Give Name of Company: _____
11. Financial Statement Setting Forth Assets and Liabilities of Undersigned as of _____, 20____

ASSETS	
Cash in Hand (Not in Bank)	\$ _____
Cash in Banks (Give Names)	\$ _____
Stocks and Bonds (List Below)	\$ _____
Stock or Material on Hand	\$ _____
Accounts Receivable	\$ _____
Notes Receivable	\$ _____
Real Estate Owned (Total Value)	\$ _____
(See Real Estate Schedule on Back)	
Other Assets	
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
Total Assets	\$ _____

LIABILITIES	
Barrowed Money from Banks (If None Write "None") and How Secured	\$ _____
Notes Payable to Others (How Secured)	\$ _____
Accounts Payable, Due and Accrued	\$ _____
Income Taxes	
(a) Unpaid Balance Under Filed Returns	\$ _____
(b) Unpaid Declared Tax or Tax Reserve, Estimated Current Operations	\$ _____
(c) Due and Accrued Taxes Payable	
Account of Withholdings from Employees and Social Security	\$ _____
Mortgages on Real Estate	\$ _____
(See Real Estate Schedule on Back)	
Other Liabilities and Encumbrances	
	\$ _____
	\$ _____
Capital	\$ _____
Surplus or Net Worth	\$ _____
Total Liabilities	\$ _____

REAL ESTATE SCHEDULE

Parcel No. 1 (a) Description and Location _____
(b) In Whose Name _____ (c) Monthly Rents \$ _____ (d) Assessed Valuation \$ _____
(e) Present Forced Sale Value \$ _____ (f) Amount Mortgages (first) \$ _____ (second) \$ _____
Parcel No. 2 (a) Description and Location _____
(b) In Whose Name _____ (c) Monthly Rents \$ _____ (d) Assessed Valuation \$ _____
(e) Present Forced Sale Value \$ _____ (f) Amount Mortgages (first) \$ _____ (second) \$ _____
Parcel No. 3 (a) Description and Location _____
(b) In Whose Name _____ (c) Monthly Rents \$ _____ (d) Assessed Valuation \$ _____
(e) Present Forced Sale Value \$ _____ (f) Amount Mortgages (first) \$ _____ (second) \$ _____

INDEMNITY AGREEMENT

Each of the undersigned, hereinafter called the Indemnitor(s), hereby affirms that the foregoing statements made and answers given are the truth without reservation, and are made for the purpose of inducing the Specialty Risk of America hereinafter referred to as the Company or Surety, to execute or procure the execution of a certain bond or undertaking herein applied for, subsequent bonds, undertakings and any and all extensions, modifications or renewals thereof, additions or substitutions therefor, any and all such instruments separately and collectively being hereinafter called the Bond.

To pay the Company the initial premium in advance, and any renewal of additional premium within thirty (30) days, and to indemnify and keep indemnified the Surety, and hold and save it harmless from and against any and all damages, loss, costs, charges and expenses of whatever kind or nature, including counsel and attorney's fees, which the Company shall or may at any time sustain or incur by reason or in consequence of having executed said Bond.

That the Company is hereby authorized to verify all information contained in the application, or separately furnished, and to make other credit check or inquiry that it may deem necessary.

Signed and dated _____, 20 _____

IF INDIVIDUAL SIGN HERE:

Witness: _____ (Indemnitor)
Witness: _____ (Indemnitor)

IF CO-PARTNERSHIP, CO-PARTNERSHIP AND ALL CO-PARTNERS SIGN HERE:

Witness: _____ (Firm Name) (Indemnitor)
By: _____ (Indemnitor)
(Individually and as a co-partner)
By: _____ (Indemnitor)
(Individually and as a co-partner)
By: _____ (Indemnitor)
(Individually and as a co-partner)

IF CORPORATION SIGN HERE:

(Name of Corporation)

Attest: _____ Secretary
By: _____ President

Corporate Seal

PERSONAL INDEMNITY OF CORPORATE PRINCIPALS
(Must be Completed by all Corporation Applicants)

In consideration of Specialty Risk of America (hereinafter referred to as the Company) executing the bond or bonds or procuring the execution of the bonds herein applied for, and warranting sufficient interest to induce and justify in, we jointly and severally join in the foregoing Indemnity Agreement.

Witness: _____ (Seal)
(Indemnitor)
Witness: _____ (Seal)
(Indemnitor)
Witness: _____ (Seal)
(Indemnitor)

STATE OF _____ }
COUNTY OF _____ } SS.

The foregoing indemnity agreement signed before me a Notary Public this _____ day of _____, 20 _____