

## Multi-Purpose Commercial Bond Application

Type of Bond: \_\_\_\_\_  
(Attach a copy of the bond form, if available)

Agency (required): \_\_\_\_\_  
 Agent Name: \_\_\_\_\_  
 Agency City: \_\_\_\_\_ Agency State: \_\_\_\_\_

Bond Amount: \$ \_\_\_\_\_ Effective Date of Bond: \_\_\_\_\_ Bond Term, if known: \_\_\_\_\_  
# of years

Applicant is: (select one)  Individual  Partnership  C-Corp  S-Corp  LLC  \_\_\_\_\_  
 Applicant (Principal): \_\_\_\_\_  
 Name to appear on Bond: \_\_\_\_\_  
 Applicant's Business Address: \_\_\_\_\_  
 Applicant's Business Description: \_\_\_\_\_  
 Number of Years in Business: \_\_\_\_\_ SS#: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_  
 U.S. Citizen?  No  Yes Business Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

Obligee – party requiring the bond (required): \_\_\_\_\_  
 Obligee Address: \_\_\_\_\_

### Underwriting Questions (all bonds)

- Does the Applicant have any other Surety bonds in force with any other Surety company? .....  Yes  No
- Has another Surety company declined to write this or any previous bond? .....  Yes  No
- Have you ever had a bond involuntarily terminated or cancelled? .....  Yes  No
- Has there ever been a claim or legal action against any bond executed on your behalf? .....  Yes  No
- Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens? .....  Yes  No
- Have you or any of your companies declared bankruptcy or become insolvent? .....  Yes  No
- Have you or any of your companies been the subject of any legal or administrative proceedings resulting  
 in disciplinary action? .....  Yes  No
- Have you ever been convicted of a felony? .....  Yes  No

### License & Permit Bonds

- Has the Applicant continuously been in business under the current name and ownership for at least three years? .....  Yes  No
- Does the bond guarantee the performance of a specific contract or agreement? .....  Yes  No
- Does the bond cover any type of environmental or pollution exposure? .....  Yes  No
- Does the bond guarantee the payment of taxes, fees, wages or payment of any type? .....  Yes  No
- Is the applicant a member of an association? .....  Yes  No
- If Yes, print the name of the association: \_\_\_\_\_

### Lost Instrument Bonds

- Description of Lost Instrument: \_\_\_\_\_
- Present Value: \$ \_\_\_\_\_ Is the bond amount  Fixed  Open Penalty?
- In whose name is the instrument or security registered? \_\_\_\_\_
- Has the instrument / security been endorsed?  Yes  No
- Has the instrument / security been assigned to another party?  Yes  No
- Is the instrument / security in bearer form?  Yes  No
- Has notice of loss been given?  Yes  No If yes, to whom? \_\_\_\_\_ Date: \_\_\_\_\_
- Has a stop notice been issued?  Yes  No

**Fiduciary Bonds**

Applicant's Age: \_\_\_\_\_ Applicant's Stated Net Worth: \$ \_\_\_\_\_ Are you employed?  Yes  No How long? \_\_\_ years  
Date of your appointment: \_\_\_\_\_ Name of the Estate: \_\_\_\_\_  
What is your relationship with the deceased/incompetent/beneficiary? \_\_\_\_\_  
Are you indebted to the estate?  Yes  No If yes, what are terms of repayment? \_\_\_\_\_  
Attorney's Name & Address: \_\_\_\_\_  
Court Jurisdiction (Obligee): \_\_\_\_\_  
Is there an ongoing business?  Yes  No If yes, details: \_\_\_\_\_  
What comprises the estate? Cash \_\_\_\_\_ Securities \_\_\_\_\_ Real Estate \_\_\_\_\_ Other \_\_\_\_\_  
Names of Heirs / Beneficiaries:  
1. \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resident State: \_\_\_\_\_  
2. \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resident State: \_\_\_\_\_  
3. \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resident State: \_\_\_\_\_  
4. \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resident State: \_\_\_\_\_  
5. \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resident State: \_\_\_\_\_

**Copy of he will, trust or court order required – please attach to application.**

*Administrator / Executor / Personal Representative Bonds:*

Date of Death: \_\_\_\_\_ Is the estate insolvent?  Yes  No Are there any disputes among the heirs?  Yes  No

*Guardianship / Conservatorship / Trustee in Equity Courts:*

This bond is for a  Minor  Incompetent  Beneficiary Age: \_\_\_\_\_  
Address of minor/incompetent/beneficiary: \_\_\_\_\_  
Assets under court restrictions?  Yes  No If yes, details: \_\_\_\_\_  
Is joint control being used for distributions / expenditures?  Yes  No  
Does the court require an annual accounting?  Yes  No  
What is the estimated duration of the bond? \_\_\_\_\_ years

*Receivers / Bankruptcy Trustee / Assignee for the Benefit of Creditors:*

Debtor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Action:  Liquidation  Reorganization  Receiver of Rents  Other: \_\_\_\_\_  
Applicant's Fidelity Coverage Amount: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_  
Applicant's Professional Liability or E&O Coverage Amount: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_

**Copy of Court Order, Judgment(s), or other supporting documents should be attached to application.**

**Judicial Bonds**

Judgment / Claim Amount: \_\_\_\_\_  
Type of Action: \_\_\_\_\_  
Case Number: \_\_\_\_\_ Court Jurisdiction: \_\_\_\_\_  
Attorney's Name & Address: \_\_\_\_\_  
Summary of the Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Does the case involve a domestic dispute?  Yes  No

**Copy of Court Order, Judgment(s), or other supporting documents should be attached to application.**

**Ownership Information**

	Full Legal Name	Address	Title	SSN	Email	% Owned
1. Name:	_____	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____	_____
2. Name:	_____	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____	_____
3. Name:	_____	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____	_____
4. Name:	_____	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____	_____
5. Name:	_____	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____	_____

**Application Completed By:**

**Date:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

The applicant and indemnitors hereby request Frankenmuth Mutual Insurance Company and any affiliated company, their successors, or assigns to become their surety. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information at the time of application and as needed, on an ongoing basis and to obtain additional information from any source, including obtaining credit reports at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion. Upon approval of any bond(s), the applicants and indemnitors will receive an e-mail with instructions on how to execute an indemnity agreement through an e-signature process, including instructions on how to review the indemnification agreement prior to execution.

Please speak with your agent for additional details.