

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.