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For more information please contact Erica Edmond at (404)803-0443 or visit our website <http://www.consultwithedmond.com>.

COMMERCIAL SURETY BOND APPLICATION

BOND AND OBLIGEE

Type of Bond Requested		Bond Amount \$	Effective Date	
Prior Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Prior Provider	Prior Premium \$	Reason for Change of Provider	
Full Name of Obligee (Party Requiring the Bond)		Does Obligee require their own bond form? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, attach a copy if possible.	
Address		City	State	Zip Code

APPLICANT

Name (as it is to appear on the bond)		Entity <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____		
Address		City	County	State Zip Code
SSN or Tax ID Number	Date Business Started	Phone Number	Fax Number	Email Address

Miscellaneous

Does the business, or any principal involved: 1. have any outstanding collection items or liens? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the business, or any principal involved, ever: 2. failed in business, or declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. had any lawsuits or judgments against them? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. had a license or bond cancelled or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. been a party to a surety bond claim? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanations for fields marked Yes (If a longer explanation is necessary, attach to the end of this document)
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Owners and Spouses

Full Name (First, Last)		Phone Number	Email Address	
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A	Street Address	City	State	ZIP Code
Business Ownership _____%	Years of Industry Experience	Net Worth \$	SSN	Date of Birth Spouse of
Full Name (First, Last)		Phone Number	Email Address	
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A	Street Address	City	State	ZIP Code
Business Ownership _____%	Years of Industry Experience	Net Worth \$	SSN	Date of Birth Spouse of
Full Name (First, Last)		Phone Number	Email Address	
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A	Street Address	City	State	ZIP Code
Business Ownership _____%	Years of Industry Experience	Net Worth \$	SSN	Date of Birth Spouse of

Full Name (First, Last)		Phone Number	Email Address		
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A		Street Address		City	State ZIP Code
Business Ownership _____ %	Years of Industry Experience	Net Worth \$	SSN	Date of Birth	Spouse of

APPLICANT'S BANK

Bank Name		Address		City	State ZIP Code
Years with Bank	Credit Line \$	Contact Name (First, Last)			Contact Phone Number

INDEMNITY AGREEMENT

IN CONSIDERATION of the execution of the bond for which application is made, the undersigned (collectively, "Applicant") for themselves, their personal representatives, heirs, successors and assigns, hereby agree with, warrant and represent to, and bind themselves jointly and severally to, Surety and its co-sureties, re-insurers, and any other company which may execute a bond or bonds at the request of Surety (individually and collectively called "Surety") as follows:

- Applicant agrees to pay Surety an advanced premium for the first year or a fractional part thereof that is earned and the amount due annually thereafter in accordance with Surety's then current premium rates or any minimum earned premium until Surety shall be discharged or released from any and all liability and responsibility under said bond, and all matters arising therefrom, and until competent written legal evidence of such discharge or release, satisfactory to Surety, is furnished to Surety.
- Applicant agrees that Surety may make any credit checks, including consumer and investigative credit checks, it deems necessary.
- Applicant warrants and represents that the questions answered and information furnished in connection with the application are true and correct.
- Applicant agrees to indemnify and keep indemnified Surety and its agents and representatives and hold and save it them harmless from and against any and all liability, damage, loss, cost and expense of whatsoever kind or nature, including consul and attorney's fee, which Surety or its agents or representatives may at any time sustain or incur by reason or in consequence of have executed or procured the execution of the bond or enforcing this agreement against any of the undersigned or in procuring or in attempting to procure its release from liability under the bond.
- If Surety shall set up a reserve to cover any liability, claims, suit or judgment under said bond, the undersigned will, immediately upon demand, deposit with Surety a sum of money, equal to such reserve and any increase thereof, to be held by Surety as collateral security on said bond. Any such collateral shall be available, in the discretion of Surety, as collateral security on any other or all bonds heretofore or hereafter executed for at the requests of any of the undersigned.
- If Surety shall procure any other company or companies to execute or join with it in executing, or to reinsure said bonds, this instrument shall insure to the benefit of such other company or companies, its or their successors and assigns, so as to give it or them a direct right of actions against the indemnitors to enforce the provisions of this instrument.
- An itemized statement of payments made by Surety, sworn to by an officer of Surety, shall be prima facie evidence of the liability of the undersigned to reimburse Surety for such payments with interests.
- Surety in its sole discretion and without notice to the undersigned, is hereby authorized but not required from time to: (a) make or consent to any change in said bond or to issue any substitutes for any renewal thereof, and this instrument shall apply to such substituted or changed bond or renewal; (b) take such action as it may deem appropriate to prevent or minimize loss under said bond, including but not limited to steps to procure discharge from liability under said bonds, and (c) adjust, settle or compromise any claim or suit arising under said bond and, with respect to any such claims or suits, to take any action it may deem appropriate and any adjustment, settlement or compromise made or action taken by Surety shall be conclusive against and binding upon the undersigned.
- Each of the undersigned agrees to pay the full amount of the foregoing regardless of (a) the failure of the principal or any applicant or indemnitor to sign any such bond or (b) any claims that other indemnity, security or collateral was to have been obtained or (c) the release, return or exchange by Surety with or without the consent of the undersigned, of any indemnity, security, or collateral that may have been obtained or (d) the fact that any party signing this instrument is not bound for any reason.
- The undersigned hereby expressly waive notice from Surety of any claims or demand made against Surety or the principal under the bond or of any information Surety may receive concerning the principal, any contract, or bond. Surety shall have to right to decline any or all bonds herein applied for and shall have the right to withdraw from or cancel the same at any time, all without incurring any liability to the undersigned.
- Whenever used in this instrument the plural term shall include the singular and the singular shall include the plural, as the circumstances require. If any portion of this agreement be in conflict with any law controlling the construction hereof, such portion of this instrument shall be considered to be deleted and the remainder shall continue in full force and effect. A facsimile of this Agreement shall be considered an original and shall be admissible in a court at law to the same extent as an original copy.
- All obligations of the principal, applicants, and indemnitors to Surety are due, payable and performable at the Surety's election, in the Surety's domicile where venue of any action to enforce this agreement may be brought by Surety. Surety shall be entitled to recover all attorney's fees (including those of attorneys employed by Surety), consulting fees, and claims adjustment expenses in defending any claims made against its bonds or in enforcing any of its rights under this Agreement.

Signature Instructions for Different Types of Applicants

Individual / Sole Owner

- *Applicant Signature*: signature of the individual or sole owner
- *Indemnitor 2 Signature*: signature of the applicant's spouse

Partnership

- *Applicant Signature*: signature of a partner
- *Indemnitor [#] Signature*: signatures of all other partners*
- *Indemnitor [#] Signature*: signatures of all spouses of partners*

**Signature* and *Name* fields may be duplicated above to accommodate additional indemnitors. On duplication, change "Indemnitor 5" to "Indemnitor 6", and so on.

Corporation†

- *Applicant Signature*: signature of president of corporation
- *Indemnitor [#] Signature*: signatures of all stockholders whose share in this corporation is 10% or more*
- *Indemnitor [#] Signature*: signatures of the spouses of all stockholders whose share in this corporation is 10% or more*

†Large, publicly traded companies, and certain private enterprises with significant levels of capital may be exempt from personal indemnity.

**By signing this application you are assuming specific obligations.
Please read carefully the preceding indemnity agreement.**

Signed and dated this _____ day of _____, 20_____

Witness Signature: _____

Applicant Signature: _____

Witness Name: _____

Applicant Name: _____

Additional Indemnitors

Witness Signature: _____

Indemnitor 2 Signature: _____

Witness Name: _____

Indemnitor 2 Name: _____

Witness Signature: _____

Indemnitor 3 Signature: _____

Witness Name: _____

Indemnitor 3 Name: _____

Witness Signature: _____

Indemnitor 4 Signature: _____

Witness Name: _____

Indemnitor 4 Name: _____

Witness Signature: _____

Indemnitor 5 Signature: _____

Witness Name: _____

Indemnitor 5 Name: _____

By providing the following information, you consent to Surety and agencies authorized by Surety to order a **credit report** to be used in connection with the underwriting of a surety bond(s). (Complete for each business owner. Use an additional application if more than 1 owner.)

Principal Name _____

Date of Birth _____ SS# _____

Spouse Name _____

Date of Birth _____ SS# _____

Home Address

City, State & Zip Code

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include fines, imprisonment and denial of benefits.

Please fax this application to (803) 234-5004 or fax this application to newbusiness@consultwithedmond.com.

