



Agency Name or Code _____
Producer Name _____

### Bond Express – GENERAL SURETY APPLICATION

(Specific applications are required for Motor Vehicle Dealer Bonds, Mortgage Broker Bonds, and Lost Instrument Bonds.)

This application must be fully completed, as well as signed, witnessed, and dated by the Applicant and all other Indemnitors.

**THIS IS A LEGAL DOCUMENT - PLEASE TYPE OR PRINT LEGIBLY.**

Bond No. \_\_\_\_\_

Applicant's Name in full (As it should appear on the bond)		Phone: _____	<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC
		Fax: _____	
		Email: _____	
Business Address (Street Address, City, State and Zip Code)			Social Security Number
Type of Bond Required	Amount of Bond \$	Applicant's Current Occupation	Business License Number
Number of years under current ownership	Years experience	Market value of primary residence \$	Balance of mortgage \$
Currently bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of surety and reason for change.			
Has the Applicant or anyone involved professionally or personally ever:			
a. Experienced any prior or pending losses, been declined by another surety company, or had a bond(s) non-renewed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Had any unresolved lawsuits or judgments against them?			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Failed in business or declared bankruptcy in the past seven years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Been convicted of a felony or crime involving dishonesty, including theft or fraud?			<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Had their license suspended, revoked or denied, or been subject to any legal/administrative proceedings resulting in disciplinary action?			<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Been party to a surety bond claim?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If any answers are yes, please provide details on a separate page.)</i>			
Obligee Name and Address			

#### GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER

Name	City	State	Zip	Social Security Number	Percent Ownership
Address				Telephone	
Name	City	State	Zip	Social Security Number	Percent Ownership
Address				Telephone	

#### COMPLETE FOR PROBATE/COURT BONDS

**\*PLEASE PROVIDE COPIES OF ALL APPLICABLE COURT DOCUMENTS INCLUDING WILLS, PETITIONS, COURT ORDERS, TRUSTS, ETC.**

Name of: <input type="checkbox"/> Deceased _____ Date of Death: _____ <input type="checkbox"/> Minor _____ DOB/Age: _____ <input type="checkbox"/> Incompetent* _____ DOB/Age: _____ *Describe condition of ward: _____	Applicant's relationship to Deceased/Minor/Incompetent:	Is the Applicant indebted to the estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Applicant share in the estate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Appointed:	If yes, please explain. If yes, what %?	
Applicant's qualifications for handling estate:	List liabilities of estate or trust:		
List assets of estate or trust: Bonds: _____ Stocks: _____ Real Estate: _____ Cash: _____ Other: _____	Name and Address of Attorney:		
Does the estate include an ongoing business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a description.	Area of expertise:		
	Will the attorney remain involved throughout the duration of this estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this bond required on the demand of an interested person other than the court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	Are guardianship funds to be used for support of the minor/incompetent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copies of monthly expenditures and income.		
Does the presiding court require an annual accounting be filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a will or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide a copy.		
List all heirs and the percentage they share in the estate:	Are there any disputes among the heirs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.		
Submission Checklist: <input type="checkbox"/> Wills & Codicils <input type="checkbox"/> Court Papers <input type="checkbox"/> Financial Inventory <input type="checkbox"/> Attorney or Applicant Resume			

**COMPLETE FOR PUBLIC OFFICIAL BONDS**

**\*We will consider all public official bonds \$50,000 and under except: special bond issues and bonds for tax collectors, treasurers & their subordinates, and deputies who collect money. (Please contact us for guidance on these exceptions.)**

Has the Applicant experienced any public official losses in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide details.)			
Official Title of Applicant	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	Term of office in years	Start Date: _____ End Date: _____
Has the Applicant previously occupied this position? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, during what period?
Does the Applicant currently have E&O or Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please provide the following information. Company: _____ Limit: _____ Policy number: _____			

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**AGENT'S RECOMMENDATION**

Describe the length and nature of your relationship with the Applicant:	
Do you recommend the Applicant for this bond? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why?	

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**INDEMNITY AGREEMENT**

The undersigned Applicant and Indemnitor(s), all hereinafter referred to as "Indemnitors," hereby certify that the declarations made and answers given are the truth without reservation, and are made for the purpose of inducing TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, ST. PAUL FIRE AND MARINE INSURANCE COMPANY, any of their present or future direct or indirect parent companies, any of the respective present or future direct or indirect affiliates or subsidiaries of such companies and parent companies, and/or any of the aforementioned entities' successors or assigns, hereinafter referred to, individually and/or collectively, as "Company," to furnish a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of similar nature given in substitution or renewal thereof (all comprehended in the word "Bond" as herein used). Indemnitors agree that Company may decline the Bond applied for or may cancel or terminate same without incurring liability whatsoever to Indemnitors. In consideration of Company executing said Bond or the forbearance of cancellation of said Bond, Indemnitors do undertake and agree as follows:

Indemnitors will pay all premiums, as they fall due, until Company has been provided with competent legal evidence that the Bond has been duly discharged. Indemnitors will at all times indemnify and exonerate Company from and against any and all loss, cost and expense of whatever kind which it may incur or sustain as a result of or in connection with the furnishing of the Bond and/or the enforcement of this Agreement, including unpaid premiums, interest, court costs and counsel fees, and any expense incurred or sustained by reason of making any investigation. To this end Indemnitors promise: a) to promptly reimburse Company for all sums paid and b) to deposit with Company on demand an amount sufficient to discharge any claim made against the Company on the Bond. This sum may be used by Company to pay such claim or be held by Company as collateral security against loss or cost on the Bond.

Indemnitors hereby expressly authorize Company to access credit records and to make such pertinent inquiries as may be necessary from third party sources for underwriting purposes, claim purposes and/or debt collection. To the extent required by law, Company will, upon request, provide notice whether or not a consumer report has been requested by Company, and if so, the name and address of the consumer reporting agency furnishing the report.

Regardless of the date of signature(s), this Agreement is effective as of the date of execution of the Bond and is continuous until Company is satisfactorily discharged from liability pursuant to the terms and conditions contained herein. An Indemnitor may terminate participation in this Agreement with respect to future renewals or substitution bonds or undertakings by providing written notice to Company of such intent to terminate. Such notice shall be addressed to Travelers Bond & Financial Products, Attention: Senior Vice President Commercial Surety, One Tower Square, Hartford, Connecticut 06183 and shall become effective sixty (60) days after Company's receipt of the same. Termination hereunder shall not relieve the terminating Indemnitor(s) from liability with respect to any renewals or substitution bonds or undertakings issued, or for which Company has obligated itself to issue, before the effective date of termination.

*Attention: Any person who knowingly and with intent to defraud a surety company or any other person files an application for a surety bond containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act and may be subject to civil and/or criminal penalties.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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**CORPORATE INDEMNITY**

Name of Applicant:  
Social Security Number/Tax I.D.:

X \_\_\_\_\_  
Witness Sign Here

\_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Applicant Sign Here

\_\_\_\_\_  
If Applicant is an Entity, Print Name and Title of Signatory

**INDIVIDUAL / ADDITIONAL INDEMNITORS MUST SIGN BELOW**

Name of Indemnitor:  
Social Security Number/Tax I.D.:

X \_\_\_\_\_  
Witness Sign Here

\_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Indemnitor Sign Here

\_\_\_\_\_  
If Indemnitor is an Entity, Print Name and Title of Signatory

X \_\_\_\_\_  
Witness Sign Here

\_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Indemnitor Sign Here

\_\_\_\_\_  
If Indemnitor is an Entity, Print Name and Title of Signatory

## **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.