

# NFIB COMMERCIAL SURETY APPLICATION



Toll-free Fax: 1-866-731-8206

**RIGHT-NOW Bonds**

Toll-free Telephone: 1-877-434-3496

Page 1 of 2

NFIB Member Agent: Mitchell Insurance Inc.

Sub-producer code (NFIB Member #): 35079668

APPLICANT (Principal): \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_

Address: \_\_\_\_\_

Applicant is:  Individual  Partnership  Corporation Soc.Sec. No.: \_\_\_\_\_

Applicant's business or occupation: \_\_\_\_\_ Years Established: \_\_\_\_\_

AMOUNT OF BOND: \$ \_\_\_\_\_ DATE OF BOND: \_\_\_\_\_ Bond Term (# years): \_\_\_\_\_

TYPE OF BOND: \_\_\_\_\_

OBLIGEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## FULLY Complete One Of The Following Sections

### SECTION 1:

<b>LICENSE &amp; PERMIT BOND</b>	Type of Work Performed: _____ Does Bond Guarantee Completion? <input type="checkbox"/> NO <input type="checkbox"/> YES Prior Surety? <input type="checkbox"/> NO <input type="checkbox"/> YES Name of Surety: _____ Does Bond Guarantee Payment of Taxes? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Provide Applicant's Financial Statement.
<b>PUBLIC OFFICIAL BOND</b> <i>(TREASURER, TAX COLLECTOR)</i>	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed Date of Appointment: _____ Term of Office: _____ Previously Held This Office? <input type="checkbox"/> NO <input type="checkbox"/> YES When: _____ Qualifications For Job: _____ Who supervises this position? _____ Ever Been Arrested? <input type="checkbox"/> NO <input type="checkbox"/> YES Reason: _____ Does Applicant Collect Taxes? <input type="checkbox"/> NO <input type="checkbox"/> YES Amount: \$ _____ Annual Funds Handled: \$ _____ Are Accounts Audited? <input type="checkbox"/> NO <input type="checkbox"/> YES Frequency: _____ By Whom: _____

### SECTION 2: PROBATE BOND

<b>PROBATE BOND</b> <b>ADMINISTRATOR, EXECUTOR</b> <b>CONSERVATOR, GUARDIAN</b> <i>Provide: Will, Trust or Court Order if limit over \$500,000</i>	Applicant's Age: _____ Net Worth: _____ Profession: _____ Name of Deceased/Incompetent(s)/Minor: _____ Date of Death: _____ Date of Appointment: _____ Estate Assets: Cash: \$ _____ Real estate: \$ _____ Other: \$ _____ On-going business? <input type="checkbox"/> YES <input type="checkbox"/> NO Estate insolvent? <input type="checkbox"/> YES <input type="checkbox"/> NO Any prior bond? <input type="checkbox"/> YES <input type="checkbox"/> NO Court Jurisdiction: _____ Name/Address of Attorney: _____												
# of years Agent has know the Applicant? _____													
Is the Applicant indebted to the Estate? <input type="checkbox"/> YES <input type="checkbox"/> NO													
Any disputes among the Heirs? <input type="checkbox"/> YES <input type="checkbox"/> NO													
	<table border="1"> <thead> <tr> <th>Names of Heirs (Minors)</th> <th>Age</th> <th>Relationship to deceased</th> <th>Residence</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Names of Heirs (Minors)	Age	Relationship to deceased	Residence	_____	_____	_____	_____	_____	_____	_____	_____
Names of Heirs (Minors)	Age	Relationship to deceased	Residence										
_____	_____	_____	_____										
_____	_____	_____	_____										
<b>RECEIVER, TRUSTEE, ASSIGNEE</b> <i>Provide: 1. Court Order or Appointment if limit over \$500,000 2. Financial Statement</i>	Debtor: _____ Address: _____ Type of Action: <input type="checkbox"/> Liquidation <input type="checkbox"/> Reorganization <input type="checkbox"/> Receiver of rents <input type="checkbox"/> Other Occupation: _____												

### SECTION 3: JUDICIAL BOND

<i>(Attachment; Injunction; Appeal; Refunding; Mechanic's lien)</i> <b>Provide:</b> Financial Statement required for ALL judicial bonds. Court Order required for all bonds with limits of \$250,000 or more.	Case No: _____ Title of Action: _____ Amount of Judgement of Claim: \$ _____ Circumstances/Grounds of this action (use additional sheet of paper if necessary): _____
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# NFIB<sup>®</sup> COMMERCIAL SURETY APPLICATION

## RIGHT-NOW Bonds

1. How long have you been in business under the current Name & Ownership? _____		
2. Have you ever applied for bonds or currently have bonds with the Hartford?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are there any lawsuits pending or judgements against you or any other owners? (If yes, provide details) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have any of the owners ever filed bankruptcy? (Personally or Corporate) (If yes, provide details)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you ever had a bond cancelled or had one go into claims? (If yes, provide details)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you or any of your associates ever been the subject of any proceedings resulting in disciplinary action, suspension or revocation of a license? (If yes, provide details) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Provide:** Financial Statement

1. On a <b>separate sheet of paper</b> , describe the lost instrument including serial numbers, name of issuing company, describe how the instrument was lost and when.		
2. Present Market Value: \$ _____	Is the Bond based on an: <input type="checkbox"/> Open Penalty <input type="checkbox"/> Fixed Penalty	
3. In whose name are the securities registered? _____		
4. Have the securities been:	<i>Endorsed</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Assigned</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are the lost instruments in bearer form?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Has notice of loss been given?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, to whom? _____		Date: _____
7. If the lost instrument is a check, did you stop payment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____

The Applicant(s) and the Indemnitor(s), if any, hereby authorize the company to obtain credit reports and histories and to confirm the bank balances claimed, and all other items on any balance sheet or income statement furnished until all liability of Company for any suretyship obligations expire.

### INDEMNITY AGREEMENT

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself and its affiliates, parent and subsidiaries, individually and collectively called "the Surety", shall execute or procure the execution of the bond or undertaking hereinbefore applied for, which bond and application are hereby referred to and made part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with The Hartford as follows:

The undersigned Applicant and Indemnitor(s), (all hereinafter called the Indemnitor(s)) hereby certify that the foregoing declarations made and answers given, are the truth without reservation, and are made for the purpose of inducing the Surety to execute a certain bond or undertaking herein applied for, and any renewal, continuation or increase of the same, or any bond of a similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used), and in consideration of the Surety executing said bond or bonds or undertaking, do undertake and agree as follows:

That the Indemnitor(s) will pay the premiums and renewal premiums for each bond issued hereunder, until the Surety has received written legal evidence, satisfactory to the Surety, of its discharge from all such bonds and all liability related thereto.

The Indemnitor(s) agree to indemnify the Surety and save it harmless from all loss and expense, including, but not limited to interest, court costs, attorney and counsel fees, incurred by the Surety by reason of any claims against the Surety under any such bond.

The undersigned Indemnitor(s) hereby agree to deposit upon demand with the Surety an amount sufficient to discharge any claim or any such bond.

WITNESS the following signature/s and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Attest/Witness:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

**IF APPLICANT is a CORPORATION/PARTNERSHIP, sign here:**  
(seal)

By: \_\_\_\_\_  
(Corporate/Partnership Name)  
\_\_\_\_\_  
President

**INDIVIDUAL sign here:**  
By: \_\_\_\_\_