Bond Number	

Name Of Agent \_\_\_\_\_



# Zurich American Insurance Company Fidelity and Deposit Company of Maryland Colonial American Casualty and Surety Company



Home Office: 3910 Keswick Road, Baltimore, MD 21211

## **Bond Application**

(Not To Be Used For Construction Bonds)

<u>Section I</u> - General Information To Be Compl	eted By All Applicants			
1. Name of Applicant:				
☐ Individual(s)	Proprietorship	Partnership	☐ Corporation	☐ S Corporation
. Address/Telephone Number				Zip Code
. Social Security or Tax I. D. No		Annual Income \$		
. Business/Occupation			S	tarted
(If Retired, l	list previous occupation)			
Kind Of Bond		Amount \$	F	Effective Date/
To Whom Is Bond Given (Obligee)				
Address of Obligee				
. Has Applicant ever had a bond involuntarily	r terminated or cancelled?	Yes. Explain: _		
. Has Applicant or any of the Applicant's com	ipanies declared bankruptcy			
Has Applicant ever been convicted of a felor	□ No			
tatement of Applicants Assets, Liabilities and favailable, attach CPA or other prepared state.  Current Assets	· ·		es	
Cash		Accounts Pavable		
		-		
Accounts Receivable (Good)				
Notes Receivable (Good)				······
nventory				······
Stocks, Bonds, etc. (Market Value)				
Other Current Assets				·····
Total Current Assets			ent Liabilities	
Real Estate (Homestead)				
Real Estate (Other)			ature thereof	-
Other Assets and Nature thereof:			ration (paid up)	
		Surplus and Undivided	l Profits	
Total Assets			Total Liabili	ties
	(*DESCRIBE ON SEPAR	RATE SHEET OF PAPE	R)	
Sales \$	Gross Profit \$		Net Profit \$	

#### Section II - Complete For All License, Permit, Custom, Internal Revenue and Other Miscellaneous Bonds

COMPLETE SECTIONS I and VIII.     Attach Copy of Bond or Describe Nature of Obcopy.)		d guarantees another agreement or document, attach
3. Sign Application, on page 4.		
	Appeal, Attachment, Discharge Attachment ersedeas, etc.)	, Garnishment, Injunction, Release of Mechanic's Lien,
1. COMPLETE SECTIONS I and VIII.		
2. Exact Title of Case:		
3. Describe Facts of Case and Nature of Legal Pr	oceedings	
5. Describe Property Being Seized and Nature of	Applicant's Interest in Same If Applicable:	
6. Bond To Be Filed In The	Court of	County, State of
7. Are You Involved In Other Litigation? If yes,		
8. Name/Address and Phone No. of Attorney		
9. Sign Application, on page 4.		
<u>Section IV</u> - Complete For Probate and Other Excluding Those filed in Bankrup		tor, Guardian, Conservator, Trustee, etc.)
1. COMPLETE SECTIONS I & VIII.		
2. Bond To Be Filed In The	Court of	County State of
3. Name Of Ward/Deceased		•
4. Was a Will Found? If yes, a		
5. Applicant's Relationship to Ward/Deceased	auton copy.	
6. List All Parties Interested In The Estate (i.e. I		
7. Name/Address and Phone No. of Attorney		
-	, Stock and Bonds (Include Descr	iption) \$
Other:		Real Estate \$
9. Total Liabilities of the Estate:		
10. Have You Given Bond In The Estate Before?	Yes* No 11. Have you had pr	rior possession of the Assets?  Yes* No
12. Are You Indebted To The Estate? Yes*		
14. Will You Give The Surety Joint Control Ove		
•		YES, PROVIDE COMPLETE DETAILS ON A

### Section V - Complete For All Trustees, Receivers and Other Fiduciaries In Bankruptcy and Insolvency Proceedings

1. COMPLETE SECTIONS I and VIII. (Note: List Only Tot	tal Assets and Liabilities In Section VIII.)				
3. Total Assets of Bankruptcy/Estate Total Liabilities of Bankruptcy/Estate					
4. Will Assets be Liquidated and Distributed to Creditors or is Reorganization Anticipated?					
5. Attach Copy of Petition For and/or Order of Appointment If F	Requested.				
6. Sign Application and attach resume if requested.					
<u>Section VI</u> - Complete For Lost Instrument Bond					
1. COMPLETE SECTIONS I and VIII.					
2. Describe Lost Instrument In Detail					
	Market \$				
4. Is the Instrument Registered, and if so, in whose name?					
5. To Whom Are Dividends Being Paid?					
6. Are You the Absolute Owner of the Lost Instrument and ent   Yes No	itled to Immediate Possession Free of All Liens and Claims of any kind whatsoever?				
7. State DEFINITELY whether or not the Instrument Was End	orsed, Assigned, Pledged of Otherwise Hypothecated. If Yes, Explain:				
8. If Instrument Is A check, has payment been stopped?	If so, when?				
9. Describe Fully the Manner in which the Instrument Was Lost	t (Including The Time Last Seen) or Attach Affidavit of Loss				
10. Sign Application.					
Section VII - Complete For Public Official Bonds.					
1. COMPLETE SECTIONS I and VIII.	A '				
	Appointed or Elected? Term:				
3. Have you Previously neid this or any Other Public Official F	Position, and if so, What Position and For What Term?				
4. Do you Handle/Withdraw Funds or Write Checks?  Yes	No Is Countersignature Required? ☐ Yes ☐ No				
By Whom?	Limit on Check Signing Authority				
5. Name of Depositories:					
6. How Are You Protected Against Depository Liability?					
7. Number Of Subordinates Do The	ey Have Fidelity Coverage? Yes. With Whom and How Much? No				
8. Who Audits Books and How Often?					
9. Who Reconciles Bank Statements?					
10. Do You Collect Taxes?  Yes  No If so, are you Li	iable for Collection?				
12. Attach Copies of Last Audit and Depository Designation.					
13. Sign Application.					

#### Section VIII

The undersigned hereby represents that the statements made herein as an inducement to Fidelity and Deposit Company of Maryland (Hereinafter called Company), their successors and assigns, to execute the bond applied for herein are true, and, should the Company execute said bond and any renewals, continuations, extensions or increases thereof, or any additional bond or bonds in the same proceeding or case, and/or any substitutes therefore, with the same or different conditions, hereby agrees as follows: FIRST, To pay the Company in advance the premium for the first year and to pay in advance any renewal or additional premiums which are provided for by the Company rates until the Company is provided with evidence that it is released from all liability on said bond; SECOND, to indemnify the Company against all loss, liability, costs, damages, attorney's fees and expenses whatever, which the Company might incur by reason of executing said bond, making an investigation on account thereof, in prosecuting or defending an action thereon, in obtaining a release therefrom, and enforcing this agreement; THIRD, At the request of Surety, procure the discharge of Surety from any Bond and all liability by reason thereof. If such discharge is unattainable, the undersigned, if required by Surety, will either deposit collateral with Surety, acceptable to Surety, sufficient to cover all exposure under such Bond or Bonds, or make provisions acceptable to Surety for the funding of the bonded obligation(s); FOURTH, The company shall have the right and is authorized, but not required to: (a) adjust, settle or compromise any claim, demand, suit or judgment upon said bond, unless the undersigned shall request the Company to litigate such claim or demand or to appeal such judgment, and shall deposit with the Company collateral satisfactory to it in kind and amount; (b) to assent to any change in said bond and/or any document referred to therein; FIFTH, That in the event of payment, settlement or compromise, in good faith, made as indicated herein, an itemized statement thereof, sworn to by any officer of the Company or the voucher(s) or other evidence of payment shall be prima facie evidence of the fact and extent of the liability of the undersigned in any claim or suit thereunder; SIXTH, That the Company have the absolute right to cancel said bond if it contains a cancellation clause or procure its release from said bond under any law permitting same and the Company is hereby released from any damage that might be sustained by reason of such cancellation or release; SEVENTH, that this obligation shall be for the benefit of any company or companies which the Company may procure to execute or join with it in executing such bond, or to assume reinsurance thereon; EIGHTH, That nothing herein shall be construed to waive any right or remedy which the Company might have if this instrument were not executed; NINTH, that if this bond herein applied for is on behalf of two or more principals, then it is agreed and understood that this indemnity shall apply and be binding upon the undersigned, regardless of whether the undersigned or any one or more of them, is by judicial decree or otherwise freed from liability in the case in which the bond herein applied for is required; **TENTH**, That this agreement shall be binding upon the undersigned and each of them whether signing as an applicant or indemnitor, jointly and severally and upon their heirs, administrators, executors, successors, and assigns, and shall be liberally construed as against the undersigned.

In Witness Whereof, I (we) h	nereunto subscribe my (our) names this _	day of	
	IF INDIVIDUAL sig	n here:	
Witness:			
		Print Name:	
		Provide S.S. Number:	
	IF CO-PARTNERSHIP, co partner	ship and all co-partners sign here:	
			(Name of co-partnership)
Witness:			(Individually and as a co-partner)
Witness:			(Individually and as a co-partner)
Witness:			(Individually and as a co-partner)
	IF CORPORATION, imprint co	orporate seal and sign here:	
Attest:			(Name of Corporation)
		Ву	
Print Name:	, Secretary	Print Name:	, President

#### ADDITIONAL INDEMNITY

In consideration of Fidelity and Deposit Company of Maryland, its successors and assigns, executing, or procuring the execution of, or refraining from presently exercising its right to cancel, the bond herein applied for, we jointly and severally join in the foregoing agreement; and the undersigned, if a corporation, warrants that it is financially interested in the performance of the obligation which said bond applied for is given to secure, and asserts that it is fully empowered to obligate itself hereby.

Signed, sealed and dated this day of	.,	
Witness:		
	Print Name:	(Indemnitor)
	Provide S.S. Number:	
Witness:	Print Name:	(Indemnitor)
	Provide S.S. Number:	
Witness:		
	Print Name:	(Indemnitor)
	Provide S.S. Number:	
Witness:		7 1 ···
	Print Name:	(Indemnitor)
	Provide S.S. Number:	
Must be acknowledged before Notary Public by Indemnitor(s). STATE OF		
COUNTY OF		
On this day of ,	before me personally appeared	
to me known to be the person(s) or member(s) of the partnership or officer(same to me.	s) of the corporation that signed the foregoing instrument and a	acknowledged the execution of the
	(Notary Public)	(SEAL
	(Notary Public)	
	My commission avniras	