

Surety 1

FAX: (916)404-6748

Surety Solutions Insurance Services, Inc
49 Natoma Street, Suite B
Folsom, CA 95630
(916)294-0044 (877)654-2327

License No. OE72611

Court Bond Application

Type of Court Bond:	Bond Amount:	Effective Date (if known) :					
Type Name exactly as it is to appear on the bond*							
Applicant (principal) :		Contact Phone:					
Applicant is (select one)	Individual	Partnership	C-Corp	S-Corp	LLC		
Business Address:			Tax ID:				
What was your most recent occupation?:			Number of years in Business:				
Individual's Name:			SS#:				
Residence address:							
Spouse Name:		Are you a U.S. Citizen?		Yes	No		
How would you like to be contacted?		Email (provide address) :		Phone			
Attorney Name and Address:							
Estimated Time before case is complete / settled:			Judgment Amount:				
Have you ever been convicted of a felony?		Yes	No	Case Number:			
Plaintiff (s)							
Defendant (s)							
Does the applicant have any other Surety Bonds in force with any other Surety Company?				Yes	No		
Has another surety declined to write this bond?				Yes	No		
Have you ever had a bond involuntarily 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		
Has the Applicant continuously been in business under the current ownership for at least three years?				Yes	No		
Have you ever been convicted of a felony?		Yes	No	Does this involve a domestic dispute?		Yes	No
If you answered YES to any of the above questions, please attach a detailed explanation							
Important Information—PLEASE READ							
1. All bonds must be paid in full before the release of the bond unless other arrangements have been made.							
2. Surety Solutions strongly recommends overnight delivery. We can add Fedex for \$20 or use your number. For mail service please allow seven working days for delivery. Would you like to use Fedex? Yes No							
3. You must sign as an individual even if you are a corporation or LLC. Each Partner must sign the indemnity as well.							
4. All bonds / bond approval is subject to final underwriting approval							
5. All court bonds will remain in effect and you will be responsible for renewal premium until such time the surety receives verification from the court that the bond is no longer required.							
6. Provide a copy of the court order							
* Bonds that need to be replaced or riders issued due to incorrect information provided by applicant is subject to a \$25.00 bond re-issue fee.							

Indemnity Agreement

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, procurement, assumption, continuation or increase of the same, or any bond of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used).

Indemnitor(s) hereby expressly authorize Hartford to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) To verify information supplied to Hartford; (b) For underwriting purposes; and (c) Upon receipt of a notice of claim or potential claim, for debt collection. Hartford may furnish copies of any and all statements, agreements, and financial statements and any information, which it now has or may hereafter obtain concerning each of the Indemnitors, to other persons or companies for the purpose of procuring co-suretyship or reinsurance.

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself or any of its affiliates, parent, subsidiaries, co-sureties, or re-insurers, (individually and collectively called "Hartford"), as 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 a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with Hartford as follows:

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

Indemnitor(s) agree to indemnify Hartford and save it harmless from any and all loss and expense of whatsoever kind or nature, including, but not limited to interest, court costs, attorney fees, incurred by Hartford in connection with or by reason of furnishing any bond hereunder. The undersigned Indemnitor(s) hereby agree to deposit upon demand with Hartford an amount sufficient to discharge any claim or any such bond, which deposit may be held by Hartford as collateral security against any loss or cost on this bond.

Indemnitors agree that any Oblige on any bond written pursuant to this Agreement is specifically authorized and requested to disclose any and all information, including providing copies of documents, whether deemed confidential or not, requested by the Surety in its investigation of any claim. The indemnitors irrevocably appoint Hartford as their Attorney in Fact with the right but not the obligation to exercise its rights and execute or delivery any document in the name of the indemnitor deemed necessary to carry out the intent and purpose of this paragraph.

A facsimile signature of this document shall be deemed an original signature for any and all purposes.

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 IMPRISONMENT, FINES AND DENIAL OF BENEFITS.

WITNESS the following signature(s) and seal(s) this _____ day of _____, 20____. ←

If Indemnitor is a PARTNERSHIP , CORPORATION or LLC:

	Name of Firm/Corporation	
Witness: _____	By: _____	(Seal)
_____	Print Above Name Here	_____
<i>Print Above Name Here</i>	Title (Print)	_____

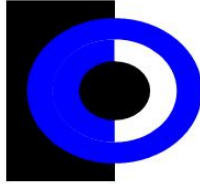
If Indemnitor is an INDIVIDUAL:

Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>

Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>

Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>

Reminder – Please make sure the application has been SIGNED, WITNESSED and DATED in the appropriate areas.



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Insurance Services
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sales@surety1.com

CONSENT TO PULL CONSUMER CREDIT REPORTS

The undersigned hereby expressly authorize Surety Solutions Insurance Services, Inc. and / or companies Surety Solutions Insurance Services, Inc. uses to obtain bonds, (collectively Surety Solutions) to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes:

1. To verify information supplied to Surety Solutions
2. For underwriting purposes; and
3. In the event Surety Solutions issues any surety bonds for or on behalf of, upon receipt of a notice of claim or potential claim, for debt collection.

Understood and Agreed to:

Name of applicant (print): _____

Signature of applicant: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of co-applicant or spouse (print): _____

Signature of applicant: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of co-applicant or spouse (print): _____

Signature of applicant: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____