

Important

Commercial Surety Application All Purpose

Instruction Sheet

We have created an instruction sheet to assist you in completing this application. Please refer to this sheet before sending the Commercial Surety Application back to The Hartford. It will help avoid any delays in processing your application due to missing information.

1. Please complete page 1 in its entirety. (Some commonly overlooked items include producer code, year established, date of bond, and obligee information)
2. Next, complete one of the following 6 sections, as applicable.

Section 2	License and Permit or Miscellaneous Bonds
Section 3	Lost Instrument Bonds. Include a completed Affidavit
Section 4	Public Official Bonds (includes Treasurer and Tax Collector)
Section 5	Fiduciary (Probate) Bonds
Section 6	Receiver or Bankruptcy Trustee
Section 7	Judicial Bonds (includes Replevin, Injunction, Appeal, Release of Attachment, and Attachment)

3. The final page is the ***Indemnity Agreement***. A checklist of 4 questions will help remind you of the key items that need to be addressed:
 - **Did you date the form (directly above the signatures)?**
 - **If the applicant is a Corporation, Partnership or LLC, is the respective name entered with the corresponding signature of the President (or authorized officer) immediately below? (Seals should be used, as appropriate)**
 - **If the applicant is an individual, did he/she sign the form and provide his/her Social Security Number?**
 - **Did a witness sign the form attesting to the authenticity of the Indemnitors' signature?**

All Purpose

Commercial Surety Application



**For all business complete page 1 of this application in its entirety.
 Complete Section 2 – 7 for the appropriate bond category indicated in General Information section below.
 Application must be SIGNED, WITNESSED and DATED.**

General Information Questions

Application is being made for which one of these bond categories? (*Fill out section indicated.)

- License & Permit or Miscellaneous – *Sec. 2
 Lost Instrument (Include completed Affidavit) – *Sec. 3
 Public Official – *Sec. 4
 Fiduciary (Probate) – *Sec. 5
 Receiver or Bankruptcy Trustee – *Sec. 6
 Court: Judicial – *Sec. 7

Type of Bond (describe purpose) _____
 (Attach a copy of the bond form, if available)

Agency Name: _____
RO/Agency Code: _____ **Sub Producer Code:** _____ **Bond Number:** _____
Agency City: _____ **Agency State:** _____

Bond Amount: \$ _____ **Effective Date of Bond:** _____ **Bond Term, if known:** _____ # of years

Applicant is: (select one) Individual Partnership C-Corp S-Corp LLC _____

Applicant (Principal): _____
 Name to appear on Bond, if different from Applicant: _____

Applicant's Address: _____
 Applicant's Business Description or Latest Occupation: _____
 Number of Years in Business: _____
 SS#: _____ - _____ Fed Tax ID: _____ U.S. Citizen? No Yes

Obligee – party requiring the bond (required): _____
 Obligee Address: _____

Billing Method: Agency Bill Direct Billed – full payment Direct Bill TABS Account
 TABS Account No.: _____

Billing Address, if different from Applicant's Address: _____

1 General Underwriting Questions

(required for all Applicants)

- Does the Applicant have any other Surety bonds in force? No Yes
 Has another Surety company declined to write this or any previous bond? No Yes
 Have you ever had a bond involuntarily terminated or cancelled? No Yes
 Has there ever been a claim or legal action against any bond executed on your behalf? No Yes
 Do **you** or any of **your** companies have any pending lawsuits, unsatisfied judgments or liens? No Yes
 Have **you** or any of **your** companies declared bankruptcy or become insolvent? No Yes
 Have **you** or any of **your** companies been the subject of any legal or administrative proceedings resulting in disciplinary action? No Yes
 Have **you** ever been convicted of a felony? No Yes

(If you answered Yes to any of the above questions, please attach a detailed explanation.)

2 License, Permit and Miscellaneous Bonds

Has the Applicant continuously been in business under the current name and ownership for at least 3 years? No Yes

If the Applicant is an individual, have you resided at your current address for at least 3 years? No Yes

Does the bond guarantee the performance of a *specific* contract or agreement? No Yes

If Yes, attach a copy of the contract or agreement. copy attached

Does the bond cover any type of environmental or pollution exposure? No Yes

Does the bond guarantee the payment of taxes, fees, wages or payment of any type? No Yes

If Yes, and the bond is greater than \$25,000 and the Applicant is a business, attach a copy of the last 2 fiscal year-end financial statements. copies attached

If Yes, and the bond is greater than \$25,000 and the Applicant is an individual, attach the most recent financial statement. copy attached

3 Lost Instrument Bonds

Present Market Value _____ Is the Bond: Open Penalty or Fixed Penalty

Description of the lost instrument or security: _____

In whose name are the instruments or securities registered: _____

Have the instruments or securities been endorsed? No Yes

Have the instruments or securities been assigned to another party? No Yes

Are the lost instruments or securities in bearer form? No Yes

Has Notice of Loss been given? No Yes

If Yes, to whom? _____ Date: _____

Has a Stop Notice been issued? No Yes

Please complete an Affidavit. copy attached

4 Public Official Bonds

Elected Appointed Position Title _____

Effective Date: _____ Expiration of Term: _____ or Term is indefinite

Have you held this position before? No Yes

If Yes, when? _____

If you have not held this position previously and the bond amount is greater than \$100,000, attach a copy of your resume. copy attached

Do you or your subordinates handle money or securities? No Yes

If so, how much is handled annually? _____

Does an external CPA annually audit the financial accounts and fund balances? No Yes

If the bond amount is greater than \$250,000, provide a copy of latest fiscal year-end statement. copy attached

Total number of employees you directly or indirectly supervise: _____

5	Fiduciary Bonds			
Applicant's Age: _____ Applicant's Net Worth: _____				
How long have you been with your current employer? _____ Active or retired? _____				
Date of your appointment: _____ Name of Estate: _____				
What is your relationship (personal and/or financial) with the deceased/incompetent/minor/beneficiary? _____				
Are you indebted to the estate of the deceased/incompetent/minor/beneficiary? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes, in what amount and what are the terms of repayment: _____				
Attorney's name and address: _____				
Court jurisdiction (Obligee) in which bond will be filed: _____				
Is there an ongoing business? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes, provide details: _____				
Inventory of the Assets: Cash: _____ Securities: _____ Real Estate: _____ Other: _____				
Name of Heirs/Beneficiaries	Age	Relationship to the deceased	Share of the Estate	Residence (state)
Attach a copy of the Will, Trust or Court Order for ALL bonds greater than or equal to \$100,000.				

5a	Complete for Administrator, Executor, Personal Representatives, etc.
Date of Death: _____	
Is the estate insolvent? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are there any disputes among the heirs? <input type="checkbox"/> No <input type="checkbox"/> Yes	

5b	Complete for Guardianship, Conservatorship, Trustee, etc.
This is in regard to a: <input type="checkbox"/> Minor <i>and/or</i> <input type="checkbox"/> Incompetent <input type="checkbox"/> Beneficiary Age: _____	
Where does minor/incompetent reside? _____	
Will any assets be under court restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, provide details: _____	
Will joint control be used to restrict expenditures or distributions of assets? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Will professional accounting, investment or legal services be provided on an ongoing basis? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the presiding court require that an annual accounting be filed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is the estimated duration of the bond anticipated to be longer than 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	

6	Receiver, Bankruptcy Trustee, Assignee Bonds
Debtor: _____	
Address: _____	
Type of Action: <input type="checkbox"/> Liquidation <input type="checkbox"/> Reorganization <input type="checkbox"/> Receiver of Rents <input type="checkbox"/> Other	
Do you carry Fidelity coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, in what amount? _____ Carrier: _____	
Do you carry Professional Liability or E & O coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, in what amount? _____ Carrier: _____	
Attach copy of Court Order, Judgment and/or other documents <input type="checkbox"/> Copies attached	

7	Court: Judicial Bonds
Judgment / Claim Amount: _____	
Type of Action: _____	
Case Number: _____ Court Jurisdiction: _____	
Attorney's name and address: _____	
Summary of the Action: _____	
Does the case involve a domestic dispute? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Attach a copy of Court Order, Judgment and/or other supporting documents. <input type="checkbox"/> Copies attached	
If the bond is greater than \$25,000 and the Applicant is a business, attach a copy of the last 2 fiscal year-end financial statements. <input type="checkbox"/> Copies attached	
If the bond is greater than \$25,000 and the Applicant is an individual, attach a copy of the most recent financial statement. <input type="checkbox"/> Copies attached	

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).


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.

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.

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 APPLICANT is an individual:

Witness: _____	Signature	_____
(print above name here)		(print above name here)
_____		_____
Witness: _____	Signature	_____
(print above name here)		(print above name here)
_____		_____

If APPLICANT is a partnership or corporation:

Name of Firm/Corporation _____	(Seal)
Witness: _____	By (Signature) _____
(print above name here)	(print above name here)
_____	_____
	Title (print) _____

Third Party Indemnitors: (including personal indemnitors of S-Corporations)

In consideration of the Surety executing the bond hereinabove applied for, we jointly and severally join in the foregoing indemnity agreement.

Witness: _____	Signature of Indemnitor _____	(Seal)
(print above name here)	SS or Fed ID # _____	
_____	_____	
Witness: _____	Signature of Indemnitor _____	(Seal)
(print above name here)	SS or Fed ID # _____	
_____	_____	
Witness: _____	Signature of Indemnitor _____	(Seal)
(print above name here)	SS or Fed ID # _____	
_____	_____	

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