

Indemnitor

<input type="checkbox"/> LICENSE & PERMIT FINANCIAL STATEMENT NECESSARY AT UNDERWRITER'S DISCRETION	Net Worth \$	Public liability insurance carried? <input type="checkbox"/> Yes <input type="checkbox"/> No (Give limits)		Property damage insurance carried? <input type="checkbox"/> Yes <input type="checkbox"/> No (Give limits)	
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<input type="checkbox"/> PROBATE FINANCIAL STATEMENT NECESSARY AT UNDERWRITER'S DISCRETION <input type="checkbox"/> ADMINISTRATOR <input type="checkbox"/> EXECUTOR <input type="checkbox"/> PERSONAL REPRESENTATIVE <input type="checkbox"/> GUARDIAN/CONSERV. OF MINOR <input type="checkbox"/> GUARDIAN/CONSERV. OF INCAPACITATED PERSON <input type="checkbox"/> OTHER PLEASE ATTACH COURT PAPERS TO APPLICATION	Name of Deceased or Ward		Date of death	Date of appointment	Is applicant indebted to the estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain on an attached sheet)
	Name and address of attorney (If none, do not write the bond; submit it to our underwriters)				
	Will the attorney remain involved throughout the duration of this estate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Assets of estate or trust (Describe)	
	Name of Minor(s) or Incapacitated Person		Age	Applicant's relationship to Deceased or Ward	Net Worth \$
	Are guardianship funds to be used for support of ward? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximately how much per month?		What is the source of the guardianship funds?		
	Who are the heirs of this estate?				
	Will any business of the estate be continued by fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:			Are there any disputes among heirs/interested person? (If Yes, do not issue and submit application to our underwriters.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name and address of Court County				
	What is the applicant's experience in handling fiduciary obligations?				

<input type="checkbox"/> FIDUCIARY FINANCIAL STATEMENT NECESSARY IF OVER \$50,000 <input type="checkbox"/> REFEREE <input type="checkbox"/> RECEIVER <input type="checkbox"/> TRUSTEE	Plaintiff	Name and address of Principal's Attorney		
	Defendant	Name and location of Court		Net Worth \$

<input type="checkbox"/> COURT FINANCIAL STATEMENT NECESSARY <input type="checkbox"/> REPLEVIN <input type="checkbox"/> ATTACHMENT <input type="checkbox"/> GARNISHMENT <input type="checkbox"/> OTHER PLEASE ATTACH COURT PAPERS TO APPLICATION	Name and location of Court		Name of Defendant	
	Name and address of Attorney		If an Injunction or Restraining Order bond, does applicant anticipate a foreclosure or collection action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit for underwriting.	
	Explain purpose of bond (Submit copy of relevant documents)			

<input type="checkbox"/> PUBLIC OFFICIAL FINANCIAL STATEMENT NECESSARY AT UNDERWRITER'S DISCRETION	Date: <input type="checkbox"/> Elected <input type="checkbox"/> Appointed	Term of office dates	Premium will be paid <input type="checkbox"/> Annually <input type="checkbox"/> For term	Will applicant sign checks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is countersignature required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are accounts reconciled monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?	Are regular audits performed? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom? How often?		Date of last audit	Do you employ deputies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> LOST SECURITIES FINANCIAL STATEMENT NECESSARY IF OVER \$10,000	Serial Number and description (Please submit a copy or sample of the form it was on.)		Describe manner of loss		
	Date of instrument		Payable to applicant only? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who is it payable to?		
	Are securities endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If registered, in whose name?		Has notice of loss been given? <input type="checkbox"/> Yes <input type="checkbox"/> No When? To Whom?	
	How long has it been lost?	If a check, has payment been stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		If a deed of trust or note, has either been involved in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a judgment obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> CERTIFICATE OF TITLE FINANCIAL STATEMENT NECESSARY IF OVER \$25,000	Vehicle Make	Vehicle Model	Vehicle Year	VIN
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AGENT'S REMARKS:

☐ Do not know personally
 ☐ New account
 ☐ Client of this office

☐ Know personally and recommend, but do not handle applicant's general insurance.

Agency Code _____
 Agency Name _____
 Address _____

Please give us your general comments and further remarks which will be helpful in making our final decision:

☐ Check here if this application was previously faxed or emailed to Merchants Bonding Company.

FINANCIAL STATEMENT

☐ Personal ☐ Business Financial Statement of _____ as of _____

NAME

DATE

<p>CURRENT ASSETS</p> <p>Cash on Hand _____</p> <p>Cash in Bank(s) (Schedule A) _____</p> <p>Stocks, Bonds, etc. (Schedule B) _____</p> <p>IRA / Retirement Accounts _____</p> <p>Accounts Receivable _____</p> <p>Notes Receivable _____</p> <p>Supplies _____</p> <p>Other Current Assets _____</p> <p style="text-align: right;">Total Current Assets _____</p> <p>FIXED ASSETS</p> <p>Equipment at Book Value _____</p> <p>Real Estate-Business (Schedule C) _____</p> <p>Real Estate-Homestead (Schedule C) _____</p> <p>Real Estate-Investment (Schedule C) _____</p> <p>All other Assets (explain fully)</p> <p>(a) _____</p> <p>(b) _____</p> <p>(c) _____</p> <p style="text-align: right;">Total Fixed Assets _____</p> <p style="text-align: right;">Total Assets _____</p>	<p>CURRENT LIABILITIES</p> <p>Notes Payable</p> <p>(a) To Banks Regular _____</p> <p>(b) To Others _____</p> <p>Accounts Payable</p> <p>(a) Current _____</p> <p>(b) Past Due _____</p> <p style="text-align: right;">Total Current Liabilities _____</p> <p>LONG TERM LIABILITIES</p> <p>Equipment _____</p> <p>Real Estate-Business (Schedule C) _____</p> <p>Real Estate-Homestead (Schedule C) _____</p> <p>Real Estate-Investment (Schedule C) _____</p> <p>All Other Liabilities (explain fully)</p> <p>(a) _____</p> <p>(b) _____</p> <p style="text-align: right;">Total Long Term Liabilities _____</p> <p style="text-align: right;">Total Liabilities _____</p> <p>Capital Stock (paid in) _____</p> <p>Net Worth _____</p> <p style="text-align: right;">Total Liabilities and Net Worth _____</p>
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SCHEDULE A - CASH

Name of Bank	Location	Amount on Deposit

SCHEDULE B - STOCKS, BONDS, ETC.

Name of Security	No. Shares	Par Value	Market Value	Dividends Paid Past Two Years	If Any Pledged, State to Whom and for What Purpose

SCHEDULE C - REAL ESTATE

Location and Description of Property	In Whose Name Is Title?	Monthly Revenue	Present Forced Sale Value	Amount of Mortgage

Assets of a trust listed on this statement need to be specifically described as part of a trust or they will be considered a part of this statement and in the event of a claim will be subject to the Indemnity obligations described herein.