

| | | OWNERC | JAL | BOND AP | PLICA | HON | Bona No | | | | |
|--|--------------------------------------|---------------------|------------|-----------------------|--------------|---|-----------------------|-----------------------------------|--|--|--|
| Applicant (Exactly as it will appear on bond) | | | | | | | | | | | |
| Home Address | | | | | | | | gle Married al Domestic Partner | | | |
| City | State | Z | Zip | Phone | | FEIN/Sc | ocial Security | # | | | |
| Home E-mail | | | E | Business E-mail | | ' | | | | | |
| Business Address | | | | City | | State | | Zip | | | |
| Type of Business or Individual's Occupation | | | | pe of Organization | ndividual | : = | How long in business? | | | | |
| Name & Address of Owner or Co-Applicant or | Indemnitor | | | | | Social Security # | rity # % of Ownersh | | | | |
| Name & Address of Owner or Co-Applicant or | cant or Indemnitor Social Security # | | | | | | | % of Ownership | | | |
| Obligee Name & Address | ee Name & Address Type of Bond | | | | Amount o | f Bond | ffective Date | | | | |
| Previous Surety ☐ Yes ☐ No If Yes, give | name and reas | son for change. | | Other Surety Bor | nds in force | rce? Yes No If Yes, provide name of Suret | | | | | |
| Has the applicant had any bankruptcies, liens, | or judgments o | r compromises w | ith any | creditors in the past | 5 years? | Yes No If Yes, | submit for un | nderwriting. | | | |
| NOTICE: The undersigned individual(s) hereby gives consent to MERCHANTS BONDING COMPANY (MUTUAL), and it subsidiaries, to obtain a consumer credit report about the individual in connection with this application for insurance. This authorization extends to subsequent consumer credit reports obtained for the purpose of reviewing, increasing the amount of, or any other legitimate purpose associated with the bond. | | | | | | | | | | | |
| | | | | ' AGREEMEN | | | | | | | |
| This Agreement entered into by and between Company (Mutual), hereinafter called the Cor | | ed applicant or app | | | | called the undersigne | ed, and Merch | nants Bonding | | | |
| the complete termination of its liability on said bond. The undersigned further agrees to indemnify and save harmless the said Company, in connection with any bond executed on behalf of the person or entity named as applicant, for, from and against any and all losses, costs, damages and expenses of any nature whatsoever, including counsel fees and expenses, and reimburse said Company for loss adjusting expenses and compensation at the rate of \$100.00 per day for officers and \$50.00 per day for all other personnel, which may accrue to the said Company by reason of the said Company having become surety on said bonds. The undersigned hereby further agrees that the vouchers or other evidence of payments made by the said Company under its obligation of suretyship shall be conclusive evidence against the undersigned of the fact and extent of the undersigned's liability to the said Company under its obligation of suretyship shall be conclusive evidence against the undersigned of the fact and extent of the undersigned's liability to the said Company under its obligation of suretyship shall be conclusive evidence against the undersigned between the said payments were made to discharge a penalty thereunder, incurred in the investigation of a claim made thereon or adjusting a loss or claim in connection therewith, or in completing the work covered thereby, and whether voluntarily made or paid after suit and judgment against said Company. If the Company shall set up a reserve to cover any claim, suit or judgment under any such bonds, and such sum and any other money or property which shall have been, or shall hereafter be, pledged as collateral security on any such bond shall, unless otherwise agreed in writing by the Company, be available, in the discretion of the Company, as collateral security on any such bond shall, unless otherwise agreed in writing by the Company, be available, in the discretion of the Company, as collateral security on any other bonds constitute a Security Agreement. This Agreement shall constit | | | | | | | | | | | |
| Witness | | | | | | | | Applicant's Signature | | | |
| In consideration of the MERCHANT join in the above indemnity agreement | | G COMPANY | (Mutı | ual) executing th | e bond h | erein applied for, | | | | | |
| Witness | | <u></u> | ndemi | nitor | | | | | | | |
| Witness | | ī | Indemnitor | | | | | | | | |
| Witness | | | ndemi | nitor | | | | | | | |
| Witness | | | Indemnitor | | | | | | | | |

| | LICENSE & PERMIT FINANCIAL STATEMENT NECESSARY AT UNDERWRITER'S DISCRETION | Net Worth \$ | | Public liability ir (Give limits) | nsurance carried? |]No | Pro (G | operty dam ive limits) | ty damage insurance carried? ☐ Yes ☐ No imits) | | | |
|--|--|---|---|--------------------------------------|--|---|-----------------|--|--|------------|--------|--|
| PROBATE FINANCIAL STATEMENT | | Name of Deceased or Ward | | | Date of death | | Date of appoin | ntment | t Is applicant indebted to the estate or trust ☐ Yes ☐ No (If yes, explain on an attach | | | |
| | NECESSARY AT UNDERWRITER'S DISCRETION ADMINISTRATOR EXECUTOR | Name and address of attorney (If none, do not write the bond; submit it to our underwriters) | | | | | | | | | | |
| | ☐ PERSONAL REPRESENTATIVE ☐ GUARDIAN/CONSERV. OF MINOR | Will the attorney remain involuntation of this estate? | | Assets of esta | Assets of estate or trust (Describe) | | | | | | | |
| | ☐ GUARDIAN/CONSERV. OF INCAPACITATED PERSON ☐ OTHER | Name of Minor(s) or Incapa | icitated F | Person | Age | e Applicant's relation | | | ationship to Deceased or Ward Net Worth \$ | | | |
| | PLEASE ATTACH COURT PAPERS TO APPLICATION | Are guardianship funds to b Approximately how much pe | | | I? ☐ Yes ☐ No | What is th | e source of the | of the guardianship funds? | | | | |
| | | Who are the heirs of this estate? | | | | | | | | | | |
| | | Will any business of the estate be continued by fiduciary? ☐ Yes ☐ No Describe: Are there any disputes among heirs/interested per (If Yes, do not issue and submit application to our ☐ Yes ☐ No | | | | | | | | | | |
| | | Name and address of Court | | | | | | | | County | | |
| | | What is the applicant's expe | erience i | n handling fiduciar | ry obligations? | | | | | | | |
| | FIDUCIARY FINANCIAL STATEMENT NECESSARY IF OVER \$50,000 | Plaintiff | Name and address of Principal's Attorney | | | | | | | | | |
| | ☐ REFEREE ☐ RECEIVER ☐ TRUSTEE | Defendant | Name and location of Court | | | Net Worth \$ | | | | | | |
| | COURT FINANCIAL STATEMENT | Name and location of Court Name of Defendant | | | | | | | | | | |
| | NECESSARY REPLEVIN ATTACHMENT GARNISHMENT OTHER | Name and address of Attorney | | | | | | If an Injunction or Restraining Order bond, does applicant anticipate a foreclosure or collection action? ☐ Yes ☐ No If yes, submit for underwriting. | | | | |
| | PLEASE ATTACH COURT PAPERS TO APPLICATION | Explain purpose of bond (Si | explain purpose of bond (Submit copy of relevant documents) | | | | | | | | | |
| PUBLIC OFFICIAL FINANCIAL STATEMENT NECESSARY AT | | Date: | tes Premium will be pai ☐ Annually ☐ For term | | | id Will applicant sign checks? ☐ Yes ☐ No If yes, is countersignature required? ☐ Yes ☐ No | | | | | | |
| | UNDERWRITER'S DISCRETION | Are accounts reconciled mo | onthly? | Are regular audit By whom? | ts performed? ☐ Yes ☐ No How often? | | | Date of I | last audit Do you employ deputies? | | | |
| | LOST SECURITIES FINANCIAL STATEMENT NECESSARY IF OVER \$10,000 | Serial Number and descript a copy or sample of the form | ion (Plean it was | ase submit on.) | | | Describe ma | manner of loss | | | | |
| | | | | | | | | Payable to applicant only? ☐ Yes ☐ No If no, who is it payable to? | | | | |
| | | Are securities endorsed? I | Has notice of loss been given? ☐ Yes ☐ No When? To Whom? | | | | | | | | | |
| | | | | | | | | r note, has either been involved in a No Was a judgment obtained? ☐ Yes ☐ No | | | | |
| | CERTIFICATE OF TITLE FINANCIAL STATEMENT NECESSARY IF OVER \$25,000 | Vehicle Make | | Vehicle Model Vehicle Year VIN | | | | | | | | |
| AC | SENT'S REMARKS: | _ | _ | | | Agency | Code | | | | | |
| ☐ Do not know personally ☐ New account ☐ Client of this office Agency Name Move personally and recommend, but do not handle applicant's general insurance. | | | | | | | | | | | | |
| | ase give us your general comme I decision: | | | • | | Address | s | | | | | |
| | | _ | | | | | | | | | | |
| | | Check here if th | is app | olication was | previously | axed or | emailed to | Merch | ants Bo | onding Cor | npany. | |

| FINANCIAL STATEMENT | | | | | | | | | | |
|---|----------------------------|---------------|--|--|---------------------------------|--|-----------------|------|--|--|
| ☐ Personal ☐ Business Financ | ial Statemer | nt of | | | NAME | as 0 | of | DATE | | |
| Cash on Hand CURRENT ASSETS | | | | NAME CURRENT LIABILITIES Notes Payable (a) To Banks Regular | | | | | | |
| Cash in Bank(s) (Schedule A) | | | | | | s | | | | |
| Stocks, Bonds, etc. (Schedule B | | | | | Accounts Payable | | | | | |
| IRA / Retirement Accounts | | | | (a) Current | | | | | | |
| Accounts Receivable | | | | | | | | | | |
| Notes Receivable | | | | | (b) Past Due | | | | | |
| Supplies | | | | | | | | | | |
| Other Current Assets | | | | | | | | | | |
| | | urrent Assets | | | | | | | | |
| FIXED AS | | | | | | | | | | |
| Equipment at Book Value | | | | Equipment | | | | | | |
| Real Estate-Business (Schedule | | | | | l | ness (Schedule C) | | | | |
| Real Estate-Homestead (Schedu | | | | | | estead (Schedule C) | | | | |
| Real Estate-Investment (Schedu | le C) | | | | Real Estate-Inves | | | | | |
| All other Assets (explain fully) | | | | | All Other Liabilitie | | | | | |
| (a) | | | | | | | | | | |
| (b) | | | | | (b) | Tatal Lang Ta | | | | |
| (c) | | | | | | Total Long Te | tal Liabilities | | | |
| | | | | | | | | | | |
| | Total | Fixed Assets | | | Capital Stock (pa | | | | | |
| | | Total Assets | | | Net Worth | d Net Worth | | | | |
| | | | CHEDIII | F | Δ - CASH | Total Elabilities an | a rec worth | | | |
| SCHEDULE A - CASH | | | | | | | | | | |
| Name of Bank | | | Location | | | Amount on Deposit | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | SC | HEDUL | EB-ST | C | KS, BONE | OS, 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 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | SCHE | DULE C | - F | REAL EST | ATE | | | | |
| Location and Descrip | In Whose Name Is Title? | | Monthly Revenue | Present Forced Sale Value | Present Forced Sale Value Amoun | | | | | |
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