

COURT – JUDICIAL PROCEEDINGS BOND APPLICATION
INSTRUCTIONS: For Court, Judicial Proceedings – Complete ALL Sections
All Applicants for ALL Bonds MUST sign the Indemnity Agreement – Complete Section 5 – 7

-----**APPLICANT (Section 1)**-----

COMPANY NAME _____ TAX ID NUMBER _____

(Exactly as it is to appear on the Bond:)

ADDRESS _____ PHONE: _____
(street and number) (city and state) (zip)

E-Mail Address _____

DATE ESTABLISHED: _____ NATURE OF BUSINESS _____ FIRMS NET WORTH: \$ _____

Corporation Partnership Proprietorship Individual LLC Other

#1 INDIVIDUAL'S NAME _____ SOCIAL SECURITY NUMBER _____

#1 SPOUSE'S NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ PHONE: _____
(street and number) (city and state) (zip)

E-Mail Address _____

PERSONAL NET WORTH:\$ _____ ↓ *If more then One Owner please complete #2 Below* ↓

#2 INDIVIDUAL'S NAME _____ SOCIAL SECURITY NUMBER _____

#2 SPOUSE'S NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ PHONE: _____
(street and number) (city and state) (zip)

E-Mail Address _____

PERSONAL NET WORTH:\$ _____ LICENSE NUMBER: _____ LICENSE TYPE: _____

-----**BOND REQUIRED (Section 2)**-----

OBLIGEE'S NAME (ex. Name of State Agency, or Project Owner, etc): _____

ADDRESS _____ CONTACTS NAME: _____ PHONE: _____
(street and number) (city and state) (zip)

TYPE OF BOND: _____ **ATTACH BOND FORM AND ALL PERTINENT INFORMATION**

BOND AMOUNT:\$ _____ EFFECTIVE DATE: _____ EXPIRATION DATE: _____

HAS ANOTHER SURETY DECLINED OR CANCELLED THIS BOND? IF SO, PLEASE ATTACH EXPLANATION: _____

-----**COURT – JUDICIAL PROCEEDINGS (Section 3)**-----

TYPE OF BOND _____ AMOUNT OF JUDGEMENT:\$ _____

NAME AND LOCATION OF COURT _____ DATE OF JUDGEMENT: _____

NAME OF PLAINTIFF _____ DEFENDANT _____

NAME / ADDRESS OF ATTORNEY _____ PHONE _____

(street and number) (city and state) (zip)

DESCRIBE NATURE OF AND REASON FOR ACTION _____

DESCRIBE NATURE OF PROPERTY INVOLVED _____

VALUE \$ _____ DATE ACTION TO BE FILED _____ DOCKET # _____

-----**AGREEMENT OF INDEMNITY (Section 5)**-----

PLEASE NOTE THAT THIS FORM MUST BE MAILED BACK AS WET SIGNATURE ARE NEEDED FOR OUR FILES

The undersigned applicant and indemnitors hereby request the Company (North American Specialty Insurance Company and/or Washington International Insurance Company – both herein referred to as Company) to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application and attachments and jointly and severally agree:

- 1) to pay the usual premiums including continuations and/or renewals;
- 2) to completely **INDEMNIFY** the Company against any and all liability, loss, costs, damages, fees attorneys fees and other expenses which the Company may sustain or incur by reason of, or in consequence of the execution of such Bonds and any renewal, continuation or successor thereof.

- 3) that this agreement shall cover not only the suretyship above recited, but all alterations, renewals, extensions, modifications or increases in bond amount which may be requested or assented to by the Principal named in said Bond.
- 4) that the Company shall have the right to pay, settle or compromise any claim, demand, suit or judgment upon said Bond(s) and its decision in good faith to make any payment shall be final and conclusive as to the fact and extent of the liability of the undersigned.
- 5) upon demand by the Company, to deposit current funds with the Company in amount sufficient to satisfy any liability, claim asserted, suit or judgment by reason of such suretyship.
- 6) that if said Bond is cancelable, this agreement may be terminated by the undersigned as to subsequent liability, upon thirty days written notice given to the Company by such Indemnitors by Certified Mail addressed to Company at its Home Office at Itasca, Illinois and with written confirmation from the Company stating when such termination will take effect.
- 7) that company may, in its sole discretion, decline to execute or renew any bond.

Warning: A person who, with the intent to defraud, submits an application or files a claim containing any false, incomplete or misleading information, or helps commit a fraud against an insurer, is guilty of a crime and is subject to criminal and civil penalties.

Fair Credit Reporting Act Notice: In making this application for surety it is understood that an investigative consumer report may be prepared whereby pertinent information concerning your character, reputation, personal characteristics and mode of living may be obtained. Information as to the nature and scope of this report may be obtained upon written request.

DATED THIS _____, DAY OF _____, _____

Please sign in your capacity as Business Owner (Section 6) AND You and Your Spouse as INDEMNITORS (Section 7) Below ↓:

If the Applicant is an INDIVIDUAL, fill out below: Print Name: _____	BUSINESS INDEMNITY (Section 6) Sign Name: _____	Witness Signature: _____
> If the Applicant is a PARTNERSHIP, fill out below ↓: Print Name: _____	Sign Name: _____	Witness Signature: _____
> If the Applicant is a PARTNERSHIP, fill out below ↓: Print Name: _____	Sign Name: _____	Witness Signature: _____
> If the Applicant is a CORPORATION, fill out below ↓: Print Name: _____	Sign Name: _____	Witness Signature: _____

In consideration of the execution by the Company of the bond herein applied for, the undersigned, jointly and severally, join the foregoing indemnity agreement.

INDEMNITORS (Section 7)

Print Name: _____	Sign Name: _____	Witness Signature: _____
Spouse Print Name: _____	Spouse Sign Name: _____	Witness Signature: _____
Print Name: _____	Sign Name: _____	Witness Signature: _____
Spouse Print Name: _____	Spouse Sign Name: _____	Witness Signature: _____

Please sign in your capacity as Business Owner (Section 6) AND You and Your Spouse as INDEMNITORS (Section 7) Above ↑:

-----CREDIT CARD FORM AND AUTHORIZATION (Section 8)-----

Credit Card # _____	3 Digit Code on Back of Card _____
Card Holder's Name (as it appears on card) _____	
Expiration Date _____	<input type="checkbox"/> VISA <input type="checkbox"/> M/C
Billing Address: _____	Phone _____
(street and number)	(city and state) (zip)
Card Holder Signature _____	Date _____

I authorize the Company and/or its agents or brokers to charge my credit card for payment of bond premium, expenses related to this charge (bank fee on total amount charged on the credit card), and broker fee if applicable and understand required premiums be paid within (45) days after issuance of any bond(s) and within (45) days after date of renewal each year until we are furnished, by you or your attorney with a final discharge of said judgment or action related to said bond exonerating the bond and insurer in this matter.