



Commercial Bond Application

General Information

Bond Amount: _____

Bond Name: _____

Start Date: _____

End Date: _____

To Whom Payable: _____
(*Obligee name)

Obligee Address: _____

City: _____

State: _____

Zip Code: _____

If Other, please describe what type
of bond you are looking for:

Producer Information (Optional)

Agency Name: _____ Broker Name: _____

Agent Email: _____ Agent Phone: _____

Applicant Information

Applicant/Owner Name: _____

Marital Status: (CHECK ONE)

SSN: _____

Single: _____ Married: _____ Legal Partner: _____

% Ownership: _____

Spouse Name: _____

Net Worth: _____

Spouse Phone: _____

Home Address: _____

Spouse Email: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Email: _____

Phone: _____

Business Name/DBA: _____

Year Established: _____

FEIN/Taxpayer ID: _____

Business Address: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Contact Name: _____

Phone: _____

Business Email: _____

Type of Organization: (CHECK ONE)

_____ Sole Proprietor

_____ LLC

_____ Corporation

_____ Partnership

Name/Address of Owner or Co-Application or Indemnitor:

Name: _____ % of Ownership: _____
 SSN: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Phone: _____

Previous Surety (Y/N): _____

If Yes, Provide Name and Reason for Change below:

Name: _____

Reason: _____

Other Surety Bonds in force (Y/N): _____

If Yes, Provide Name of Surety: _____

Background Questions

Have you, or any partner affiliated with you, ever been convicted of, plead guilty, or no contest to a felony or a misdemeanor involving dishonesty or breach of trust? (Y/N): _____

If Yes, please provide additional details below:

Have you, or any partner affiliated with you, ever committed a violation of state law? (Y/N): _____

If Yes, please provide additional details below:

Have you, or any partner affiliated with you, ever been bankrupt or insolvent? (Y/N): _____

If Yes, please provide additional details below:

Have you, or any partner affiliated with you, ever compromised with your creditors? (Y/N): _____

If Yes, please provide additional details below:

Have you, or any partner affiliated with you, ever been party to a bond claim? (Y/N): _____

If Yes, please provide additional details below:

Are you a United States citizen or licensed to do business in the United States? (Y/N): _____

If No, please provide additional details below:

NOTICE: The undersigned individual(s) hereby gives consent to Universal Fire Casualty Company and its 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.

Signature

Date

Co-Applicant

Date

Confidentiality

As part of our due diligence efforts, Universal Fire & Casualty Insurance Company requests social security numbers to perform background checks. Universal Fire & Casualty utilizes a third party vendor to perform background check inquiries and does not share or use an individual's social security number with any other party or for any other reason.

Indemnity Agreement

This agreement is entered into by and between the undersigned applicant or applicants and/or indemnitors, (the "Undersigned") and Universal Fire & Casualty Insurance Company ("Company"):

The Undersigned certifies that the foregoing statements and declarations are true and, in consideration of the Company executing as surety the herein bond applied for, does hereby promise and agree to pay an annual premium, as may be required, to the Company until such time as the Undersigned shall furnish the Company with evidence satisfactory to it of the complete termination of its liability on said bond or until Company is legally discharged of all bond liability thereunder. It is further agreed and understood that the first year's premium is FULLY EARNED UPON issuance AND IS NOT REFUNDABLE.

The Undersigned, jointly and severally, 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 expense 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 agrees immediately notify Company of any claim relating to bonds and 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 said obligation of the Undersigned, whether 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 judgement against said Company.

If the Company shall set up a reserve to cover any claim, suit or judgement under any such bonds, the Undersigned will, immediately upon demand, deposit with the Company a sum of money equal to such reserve, such sum to be held by the Company as collateral security on 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 other bonds coming within the scope of this Agreement.

It is further agreed that the terms and conditions of this application shall also apply to increases and/or decreases in the amount of any and all bonds and shall also apply to all renewals whether the bond is continuous, renewed by Continuation Certificate or by the filing of any new bond on behalf of Undersigned.

This Agreement shall constitute both a Security Agreement to the Company and a Financing Statement, in accordance with the provisions of the Uniform Commercial Code of every jurisdiction wherein such Code is in effect. This Agreement shall, if recorded, constitute a consensual lien upon any and all real estate owned by the Undersigned at the time of such recording. However, the filing or recording of this Agreement shall be solely at the option of the Company, and the failure to do so shall not release or impair any of the obligations of the Undersigned under this Agreement or otherwise arising, nor shall such failure be in any manner in derogation of the rights of the Company under this Agreement or otherwise. The use of this Agreement as a Security Agreement, Financing Statement or consensual lien shall in no way abrogate, restrict or limit the rights of the Company under the Agreement or at law or in equity. The Undersigned waive all right to claim any property, including homestead, as exempt from levy, execution, sale or other legal process.

The Company shall have the right, and is hereby authorized, but not required to fill up any blanks left herein, and to correct any errors in the description of any of said bonds, or in said premium or premiums, or in any name or names, it being agreed that such insertion or corrections, when so made, shall be prima facie correct. This application shall be liberally construed so as to fully protect and indemnify the Company, its successors, assigns and reinsurers. The Undersigned appoints any officer of the Company, as the attorney in fact of the Undersigned with full right to execute on behalf of the Undersigned any document necessary to carry into effect the intent and purposes of this Agreement.

Facsimile and digital copies of this document or their signature(s) thereon, shall be deemed to be an original and/or original signature(s) for all purposes.

Undersigned submit to and agree this Agreement and its interpretation and performance shall be governed by the laws of the State of Michigan without regard to conflicts of law's provisions herein. The Undersigned waive their rights to a trial by jury in any action, proceeding or counterclaim arising out of this Contract.

The undersigned individual(s) hereby gives consent to Universal Fire & Casualty Company and its 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.

This Agreement may only be modified, in writing, by a rider signed by an officer of Company.

Individual Indemnification:

Indemnitor Signature

Indemnitor Name

Title

Date

Indemnitor Signature

Indemnitor Name

Title

Date

Company Indemnification: ON BEHALF OF UNDERSIGNED

***By signing as Authorized Signatory, I hereby warrant that I am authorized to bind the Company to this Agreement.**

(Company Name)

Indemnitor Signature

Indemnitor Name

Title

Date

License or Permit Bond

FINANCIAL STATEMENT NECESSARY AT UNDERWRITERS DISCRETION

Public Liability Insurance Carried (Y/N): _____ Limits: _____
 Property Damage Insurance Carried (Y/N): _____ Limits: _____

Work History:

If you have been in business less than 2 years, provide previous work experience of the Applicant. Work experience relevant to the license being applied for is preferred. Provide Employer, Years of Employment, Job Title & Description.

Court or Fiduciary Bonds

Please provide why the bond is being required with you as the principal:

APPLICANT's ATTORNEY

Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____

Attorney's Martindale-Hubbell Rating: _____

Name of the decedent: _____

APPLICANT's NET WORTH \$: _____

APPLICANT'S ANNUAL INCOME \$: _____

What is your relationship with the decedent? _____

What is the value of the decedent's estate? _____

What is your share of the decedent's estate? _____

Amount of Cash: _____

Value of Securities: _____

Value of Real Property: _____

Other Assets: _____

Where are the assets being kept? _____

Are there any disputes about what parties receive which assets? _____

Is the Attorney assisting with the administration of the assets? _____

Financial Statement

Personal _____ Financial Statement of _____ as of _____
 Business _____ Name _____ Date _____

CURRENT ASSETS**AMOUNTS**

Cash on Hand _____
 Cash in Bank(s) (Schedule A) _____
 Stocks, Bonds, etc. (Schedule B) _____
 IRA / Retirement Accounts _____
 Accounts Receivable _____
 Notes Receivable _____
 Supplies _____
 Other Current Assets _____
TOTAL CURRENT ASSETS: \$ _____

FIXED ASSETS

Equipment at Book Value _____
 Real Estate- Business (Schedule C) _____
 Real Estate- Homestead (Schedule C) _____
 Real Estate- Investment (Schedule C) _____
 All Other Assets (explain fully): _____
 (a) _____
 (b) _____
TOTAL FIXED ASSETS: \$ _____

TOTAL ASSETS: \$ _____

CURRENT LIABILITIES**AMOUNTS**

Notes Payable _____
 (a) To Banks Regular _____
 (b) To Others _____
 Accounts Payable _____
 (a) Current _____
 (b) Past Due _____
TOTAL CURRENT LIABILITIES: \$ _____

LONG TERM LIABILITIES

Equipment _____
 Real Estate- Business (Schedule C) _____
 Real Estate- Homestead (Schedule C) _____
 Real Estate- Investment (Schedule C) _____
 All Other Liabilities (explain fully): _____
 (a) _____
 (b) _____
TOTAL LONG TERM LIABILITIES: \$ _____

TOTAL LIABILITIES: \$ _____

Capital Stock (Paid In) _____
 Net Worth _____

TOTAL LIABILITIES AND NET WORTH: _____

SCHEDULE A - CASH

Name of Bank	Location	Amount on Deposit

SCHEDULE B - STOCKS, BONDS, ETC.

Name of Security	No. of 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	Name on 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.