TRAVELERS

Agency Name or Code	_____
Producer Name	_____

GENERAL SURETY APPLICATION

***Specific applications are required for Probate, Public Official, Contractor, Motor Vehicle Dealer, Mortgage Broker, Title Agent and Lost Instrument Bonds. Please contact your underwriter for product specific applications.**

This application must be fully completed, as well as signed, witnessed and dated by the Applicant and all other Indemnitors.

THIS IS A LEGAL DOCUMENT - PLEASE TYPE OR PRINT LEGIBLY. Bond No. _____

Applicant's Name: ***(In full, as it should appear on the bond)***	Phone: Email:	☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ LLC
Business Address: ***(Street Address, City, State and Zip Code)***		Bond Limit $
Obligee Name: ***(Entity requiring the bond)***		Desired Billing Method: ☐ Direct Bill Phone #: _____
Obligee Address: ***(Street Address, City, State and Zip Code)***		☐ Agency Bill *(Required for Direct Bill)*
Type of Bond Required:		License Number

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1. Has the Applicant or anyone involved professionally or personally ever:
   a. Experienced any prior or pending losses, been declined by another surety company, or had a bond(s) non-renewed? ☐ Yes ☐ No
   b. Had any unresolved lawsuits or judgments against them? ☐ Yes ☐ No
   c. Failed in business or declared bankruptcy in the past seven years? ☐ Yes ☐ No

GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER

Name			Social Security Number	Percent Ownership
Address	City	State	Zip	Telephone

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Name			Social Security Number	Percent Ownership
Address	City	State	Zip	Telephone
Name			Social Security Number	Percent Ownership
Address	City	State	Zip	Telephone
Name			Social Security Number	Percent Ownership
Address	City	State	Zip	Telephone

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s), all hereinafter referred to as "Indemnitors," hereby certify that the declarations made and answers given are the truth without reservation, and are made for the purpose of inducing TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, ST. PAUL FIRE AND MARINE INSURANCE COMPANY, any of their present or future direct or indirect parent companies, any of the respective present or future direct or indirect affiliates or subsidiaries of such companies and parent companies, and/or any of the aforementioned entities' successors or assigns, hereinafter referred to, individually and/or collectively, as "Company," to furnish a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of similar nature given in substitution or renewal thereof (all comprehended in the word "Bond" as herein used). Indemnitors agree that Company may decline the Bond applied for or may cancel or terminate same without incurring liability whatsoever to Indemnitors. In consideration of Company executing said Bond or the forbearance of cancellation of said Bond, Indemnitors do undertake and agree as follows:

Indemnitors will pay all premiums, as they fall due, until Company has been provided with competent legal evidence that the Bond has been duly discharged. Indemnitors will at all times indemnify and exonerate Company from and against any and all loss, cost and expense of whatever kind which it may incur or sustain as a result of or in connection with the furnishing of the Bond and/or the enforcement of this Agreement, including unpaid premiums, interest, court costs and counsel fees, and any expense incurred or sustained by reason of making any investigation. To this end Indemnitors promise: a) to promptly reimburse Company for all sums paid and b) to deposit with Company on demand an amount sufficient to discharge any claim made against the Company on the Bond. This sum may be used by Company to pay such claim or be held by Company as collateral security against loss or cost on the Bond.

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Indemnitors hereby expressly authorize Company to access credit records and to make such pertinent inquiries as may be necessary from third party sources for underwriting purposes, claim purposes and/or debt collection. To the extent required by law, Company will, upon request, provide notice whether or not a consumer report has been requested by Company, and if so, the name and address of the consumer reporting agency furnishing the report.

Regardless of the date of signature(s), this Agreement is effective as of the date of execution of the Bond and is continuous until Company is satisfactorily discharged from liability pursuant to the terms and conditions contained herein. An Indemnitor may terminate participation in this Agreement with respect to future renewals or substitution bonds or undertakings by providing written notice to Company of such intent to terminate. Such notice shall be addressed to Travelers Bond & Specialty Insurance, Attention: Senior Vice President Commercial Surety, One Tower Square, Hartford, Connecticut 06183 and shall become effective sixty (60) days after Company's receipt of the same. Termination hereunder shall not relieve the terminating Indemnitor(s) from liability with respect to any renewals or substitution bonds or undertakings issued, or for which Company has obligated itself to issue, before the effective date of termination.

Attention: Any person who knowingly and with intent to defraud a surety company or any other person files an application for a surety bond containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act and may be subject to civil and/or criminal penalties.

Signed this _____ day of _____, _____.

If Indemnitor is an Individual, sign below:

Instructions: Signatures of individual Indemnitors must be witnessed. Indemnitors must include their Social Security Number. All signatures must be dated with names printed or typed on the line provided.

(Witness Signature) (Date)	(Indemnitor Signature) (Date)
(Print or Type Name)	(Print or Type Name)
	(SSN)
(Witness Signature) (Date)	(Indemnitor Signature) (Date)
(Print or Type Name)	(Print or Type Name)
	(SSN)

(Witness Signature) (Date)

(Print or Type Name)

(Indemnitor Signature) (Date)

(Print or Type Name)

(SSN)

If Indemnitor is a Corporation, Limited Liability Company or Partnership, sign below:

Instructions: If the entity is: 1) a corporation, an authorized officer should sign on behalf of the corporation, 2) a limited liability company, a manager or member should sign on behalf of the LLC, or 3) a partnership, a partner should sign on behalf of the partnership. Please provide the entity's federal tax identification number on the line provided.

The undersigned hereby affirms to Company as follows: I am a duly authorized official of the business entity Indemnitor on whose behalf I am executing this Agreement. In such capacity I am familiar with all of the documents which set forth and establish the rights which govern the affairs, power and authority of such business entity including, to the extent applicable, the certificate or articles of incorporation, bylaws, corporate resolutions and/or partnership, operating or limited liability agreements of such business entity. Having reviewed all such applicable documents and instruments and such other facts as deemed appropriate, I hereby affirm that such entity has the power and authority to enter into this Agreement and that I am duly authorized to execute this Agreement on behalf of such entity.

(Seal)

(Indemnitor Name)

(Federal Tax ID)

(Indemnitor Signature)

(Print or Type Name and Title) (Date)

(Seal)

(Witness Signature)

(Print or Type Name and Title) (Date)

TRAVELERS

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

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