

Important

Commercial Surety Application

Defective/Lost Title

Instruction Sheet

We have created an instruction sheet to assist you in completing this application. Please refer to this sheet before sending the Commercial Surety Application back to The Hartford. It will help avoid any delays in processing your application due to missing information.

1. Please complete page 1 in its entirety. (Some commonly overlooked items include producer code, year established, date of bond, and obligee information)
2. The final page is the *Indemnity Agreement*. A checklist of 4 questions will help remind you of the key items that need to be addressed:
 - **Did you date the form (directly above the signatures)?**
 - **If the applicant is a Corporation, Partnership or LLC, is the respective name entered with the corresponding signature of the President (or authorized officer) immediately below? (Seals should be used, as appropriate)**
 - **If the applicant is an individual, did he/she sign the form?**
 - **Did a witness sign the form attesting to the authenticity of the Indemnitors' signature?**

Defective/Lost Title

Commercial Surety Application

Application must be SIGNED, WITNESSED and DATED.

"
"

General Information Questions

Type of Bond (describe purpose) _____
(Attach a copy of the bond form, if available)

Agency Name: _____
 RO/Agency Code: _____ Sub Producer Code: _____ Bond Number: _____
 Agency City: _____ Agency State: _____

Bond Amount: \$ _____ Effective Date of Bond: _____ Bond Term, if known: _____
 # of years

Applicant is: (select one) Individual Partnership C-Corp S-Corp LLC _____

Applicant (Principal): _____
 Name to appear on Bond, if different from Applicant: _____

Applicant's Address: _____

Applicant's Business Description or Latest Occupation: _____

Number of Years in Business: _____

SS#: _____ - _____ Fed Tax ID: _____ U.S. Citizen? No Yes

Business Phone: _____ Fax No.: _____ Email: _____

Obligee – party requiring the bond (required): _____

Obligee Address: _____

Billing Method: Agency Bill Direct Billed – full payment Direct Bill TABS Account
 TABS Account No.: _____

Billing Address, if different from Applicant's Address: _____

General Underwriting Questions

(Required for all Applicants)

Does the Applicant have any other Surety bonds in force? No Yes

Has another Surety company declined to write this or any previous bond? No Yes

Have you ever had a bond involuntarily terminated or cancelled? No Yes

Has there ever been a claim or legal action against any bond executed on your behalf? No Yes

Do **you** or any of **your** companies have any pending lawsuits, unsatisfied judgments or liens? No Yes

Have **you** or any of **your** companies declared bankruptcy or become insolvent? No Yes

Have **you** or any of **your** companies been the subject of any legal or administrative proceedings resulting in disciplinary action? No Yes

Have **you** ever been convicted of a felony? No Yes

(If you answered Yes to any of the above questions, please attach a detailed explanation.)

How was the title lost? _____

Does applicant have proof of ownership or bill of sale? If yes, please attach a copy of the information. No Yes

If no, please advise how the owner came into possession of the vehicle: _____

In whose name is the title: _____ Relationship to applicant: _____ Vehicle Manufacturer's Number: _____

Vehicle Make: _____ Vehicle Model: _____ Type of Vehicle Body: _____ Vehicle Year: _____

Vehicle Motor Number: _____ State License was Issued: _____ License Number: _____

Indemnity Agreement

Vj g'wpf gtuki pgf 'Cr r rkecpv'cpf 'kpf go pksqt *u+* 'cmlj gtgkchgt 'ecmgf 'vj g'kpf go pksqt *u++' gtgd { 'egt vkh' 'vj cv'vj g'htgi qkpi 'f ge r tcvkpu'o cf g' cpl' 'cpuy gtu'i kxgp'ctg'vj g'twvj 'y kj qwt'gugt xcwkp. 'cpf 'ctg'o cf g'ht'vj g'r wtr qug'qh'kpf vekpi 'vj g'Uwtgv' 'q'gzgwegw'c'egt vclp'dqpf 'qt' wfp gt vcnkpi 'j gtgk'cr r rkgf 'hqt. 'cpf 'cp { 'tggpy cñ r tqewtgo gpv'cuwo r vkw. 'eqpvkpwcvkqp'qt 'kpetgcug'qh'vj g'uco g. 'qt'cp { 'dqpf 'qh'uko kct' pcwtg'i kxgp'lp'uwdukwkqp'qt 'tggpy cñ'vj gtgqh'cml'eqo r tgi gpf gf 'lp'vj g'y qtf 'ödqp'ö'qt 'öwfp gt vcnkpi ö'cu'j gtgk'wugf +0'

kpf go pksqt *u+'j gtgd { 'gzt guun' 'cwj qtk g'J ctvhtf 'v'ceegu'ku'etgf k'tgeqt u'cpf 'v'q'o cng'uwej 'r gt vkwpp'kps wtkgu'cu'o c { 'dg'pgeguuct { 'Itqo' 'vj kf 'r ctv' 'uqwtgu'ht'vj g'htmqy kpi 'r wtr qugu'c+*c+'Vq'xgthk' 'lphqto cvkqp'wtr r rkgf 'v'q'J ctvhtf =*d'+Hqt'wfp gty tkkpi 'r wtr qugu'c+*c+'Wt qp' tgegr v'qh'c'pq'leg'qh'enclo 'qt' r qv'p'v'cn'enclo . 'hqt'f g'dv'eqmgv'kqp0'J ctvhtf 'o c { 'hwt'pkuj 'eqr kgu'qh'cp { 'cpf 'cml'ucvgo gpw. 'ci tgggo gpw. 'cpf' 'h'k'p'el'cn'ucvgo gpw'cpf 'cp { 'lphqto cvkqp. 'y j lej 'k'p'qy 'j cu'qt' o c { 'j' gtgchgt 'qd'vclp'eqpegt'kpi 'gcej 'qh'vj g'kpf go pksqtu. 'v'q'vj gt 'r gtuapu'qt' eqo r cpl'gu'ht'vj g'r wtr qug'qh'r tqewt'kpi 'eq/uwtgv'uj k' 'qt' 't'gkpuwt'cpeg0

KtJ ctvhtf 'Hk'g'kpuwt'cpeg'Eqo r cp { . 'J ctvhtf 'Rrc' c. 'J ctvhtf . 'EV'28337. 'kugrh'qt'cp { 'qh'ku'ch'k'k'v'gu. 'r ct'gpv. 'uwdukf kct'kgu. 'eq/uwtgv'ku. 'qt' 't'g' kpuwt'gtu. '*kpf kxk' wcm' 'cpf 'eqmgv'kxgn' 'ecmgf '*c'J ctvhtf ö+. 'cu'Uwtgv'. 'uj cml'gz'gwegw'qt' r tqewt'g'vj g'gz'gwegw'qh'vj g'dqpf 'qt'wfp gt vcnkpi ' ' j gtgk'pd'g'ht'g'cr r rkgf 'hqt. 'y j lej 'dqpf' 'cpf' 'cr r rkecvkqp'ctg'j' gtgd { 't'gh'gt'gf 'v'q'cpf 'o cf g'c'r ctv'qh'vj ku'ci tgggo gpv. 'vj g'wpf gtuki pgf . 'kp' eqpuk'gt'cvkqp'vj gtgqh. 'lq'kpw' 'cpf' 'ugx'gt'cm' 'eqx'gpc'p'v'cpf 'ci tgg'y kj 'J ctvhtf 'cu'htmqy u-'

kpf go pksqt *u+'uj cml' c { 'vj g'r tgo kwo u'cpf 'tggpy cñ' r tgo kwo u'ht'gcej 'dqpf 'kuwgf 'j' gtgwpf gt. 'wp'k'J ctvhtf 'j' cu't'gegl'xgf 'y tkwgp 'hgi cñ' g'xk'f'gpeg. 'uc'v'k'ce'v'qt { 'v'q'J ctvhtf . 'lp'ku'uw'g'f'k'et'g'v'kqp. 'qh'ku'f'k'ej' cti g'ht'qo 'cml'uj'ej 'dqpf u'cpf 'cml'kcd'k'k'v' 't'g'nc'v'f' 'vj' gtg'v'q0'

kpf go pksqt *u+'ci tgg'v'q'kpf go plh { 'J ctvhtf 'cpf' 'uc'x'g'k'v' cto nguu'ht'qo 'cp { 'cpf 'cml'quu'cpf 'gzr'gpug'qh'y j cvu'q'x'g'x'gt' 'h'k'p'f' 'qt' 'pcwt'g. 'k'pen'f' kpi . ' dw'p'q'v'iko k'gf 'v'q'k'p'v'g'uv'eqw'v'equu. 'cv'w'q't'p'g' 't'gg'u. 'k'p'ew't'g'f' 'd' { 'J ctvhtf 'k'p'eq'p'p'g'v'k'p'y' k'j' 'qt' 'd' { 't'g'cu'q'p'qh'ht'w'p'k'uj' kpi 'c'p { 'dqpf 'j' gt'g'w'p'f'gt'0' Vj g'wpf gtuki pgf 'kpf go pksqt *u+'j' gtgd { 'ci tgg'v'q'f'gr'quk'w'p'q'f'go'cp' 'y'kj' 'J ctvhtf 'cp'co'q'w'p'v'uw'ht'k'p'v'v'q'f'k'ej' cti g'cp { 'enclo 'qt'cp { 'uwej' ' ' dqpf . 'y j lej 'f'gr'quk'v'o c { 'dg'j' g'f' 'd' { 'J ctvhtf 'cu'eq'nc'v'g't'c'ñ'ug'ew'k'v' 'ci' c'k'p'uw'c'p { 'h'uu'qt' 'eq'uv'q'p' 'vj' ku'dqpf 0''''

kpf go pksqtu'ci tgg'v'j'cv'cp { 'Qdri'gg'qp'cp { 'dqpf 'y tkwgp' r wtuw'cp'v'v'q'vj ku'ci tgggo gpv'ku'ur'g'ek'h'ecm' 'cwj'qtk'gf' 'cpf' 't'gs'w'g'uv'gf' 'v'q'f'k'uen'q'ug'cp { ' ' cpf 'cml'phqto cvkqp. 'k'pen'f' kpi 'r' t'q'x'k'f' kpi 'eqr'k'gu'q'h'f'q'ewo'gpw. 'y j'g'y'gt'f'ggo'gf' 'eq'p'h'k'f'g'p'v'cn'qt'p'q'v' 't'gs'w'g'uv'gf' 'd' { 'vj'g'Uwtgv' 'lp'k'w'u' 'k'p'x'g'u'ki'cvkqp'qh'cp { 'enclo 0''Vj g'kpf go pksqtu'ht'g'x'q'ec'd'ñ' 'cr' r'q'k'p'v'J ctvhtf 'cu'vj'g'k' 'C'v'q't'p'g' { 'k'p' 'H'ce'v'y' k'j' 'y'g't'ki'j'v'd'w'p'q'v'vj'g'q'd'ri'k'cvkqp'v'q' 'gz'g't'ek'ug'ku't'ki'j'w'cpf' 'gz'g'wegw'qt'f'g'rk'x'gt'cp { 'f'q'ewo'gp'v'k'p'vj'g'p'co'g'q'h'vj'g'kpf go pksqt'f'ggo'gf' 'p'geguuct { 'v'q'ectt { 'q'w'v'j'g'k'p'v'p'v'cpf' 'r'wtr'qug' 'qh'vj'ku'r'ctci'ter'j'0'

C't'ceuko k'g'uki'pcwt'g'qh'vj'ku'f'q'ewo'gp'v'uj'cml'd'g'f'ggo'gf' 'cp'q't'ki'k'p'c'ñ'uki'pcwt'g'ht'cp { 'cpf' 'cml' r wtr qugu0'

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF BENEFITS.

WITNESS the following signature(s) and seal(s) this _____ day of _____, 20 _____

If Indemnitor is a PARTNERSHIP , CORPORATION or LLC:

Witness: _____ Name of Firm/Corporation _____ (Seal) _____ D { _____ " _____ " _____ " _____ Rtkp'CDq'x'g'P co g'J'gt'g' _____ " _____ " _____ Vkr'g' *Rtk'p'v' _____ " _____

If Indemnitor is: Individual (need Social Security) 3rd-Party Individual (need Social Security) 3rd-Party Company (need FEIN) Witness: _____ Indemnitor < _____ Print Name Above _____ Print Name, Title, Social Security or FEIN # of above _____

If Indemnitor is: Individual (need Social Security) 3rd-Party Individual (need Social Security) 3rd-Party Company (need FEIN) Witness: _____ Indemnitor < _____ Print Name Above _____ Print Name, Title, Social Security or FEIN # of above _____

If Indemnitor is: Individual (need Social Security) 3rd-Party Individual (need Social Security) 3rd-Party Company (need FEIN) Witness: _____ Indemnitor < _____ Print Name Above _____ Print Name, Title, Social Security or FEIN # of above _____

Reminder – Please make sure the application has been SIGNED, WITNESSED and DATED in the appropriate areas.

CALIFORNIA NOTICE

California Notice: The Hartford may charge a fee if this bond or policy is cancelled before the end of its term. The fee can range between 5% to 100% of the pro rata unearned premium. Please refer to the terms and conditions stated in the policy or bond. This notice does not apply to cancellations initiated by The Hartford.