

Important

Commercial Surety Application

Public Official Bond

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 and provide his/her Social Security Number?**
 - **Did a witness sign the form attesting to the authenticity of the Indemnitors' signature?**

Please note that a properly executed app (signed, witnessed and dated) will be needed for bond issuance. Signed application can be faxed to: 877-257-2166.

You can also send original application with signatures to the following address for filing:
The Hartford Bond Center
P.O. Box 958461
Lake Mary, FL 32795

Public Official Bond

Commercial Surety Application

Complete this application in its entirety.
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 other

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: _____

Underwriting Questions

(required for all Applicants)

Does the Applicant have any other Surety bonds in force with any other Surety company? 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.)

Were you: Elected Appointed Position Title _____

Effective Date: _____ Expiration of Term: _____ Or Term is indefinite

Have you held this position before? No Yes

If Yes, when? _____

If you have not held this position previously and the bond amount is greater than \$100,000, attach a copy of your resume copy attached No Yes

Do you or your subordinates handle money or securities? No Yes

If so, how much is handled annually? _____

Does an external CPA annually audit the financial accounts and fund balances? No Yes

If the bond amount is greater than \$250,000, provide copy of latest fiscal year-end statement copy attached

If the bond amount is greater than \$250,000 provide a Designation of Depository

Total number of employees you directly or indirectly supervise: _____

Indemnity Agreement

Vj g'wpf gtuki pgf "Cr r rncpv'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 rncv'kpu'o cf g' cpl' cpuy gtu'i kxgp'ctg'vj g'twvj "y kj qwt'gugtxcvkqp. "cpf "ctg'o cf g'ht'vj g'r wtr qug'qh'kpf vekpi "vj g'Uwtgv' "q'gzgwegw'c'egt vclp'dqpf "qt" wpl'gtv'kpi "j gtgk'cr r rkgf "hqt. "cpf "cp { "tggpy cñ r tqewtgo gpv'cuwo r v'kqp. "eqpv'kpwcvkqp'qt "kpetgcug'qh'vj g'uco g. "qt'cp { "dqpf "qh'uko kct" pcwtg'i kxgp'lp'uwdu'kwwkqp'qt "tggpy cñ'vj gtgqh'cml'eqo r t'gij gpf gf "lp'vj g'y qtf "öd'qpf ö'qt "öwpl'gtv'kpi ö'cu'j gtgk'wugf +0"

Kpf go pksqt *u+"j gtgd { "gzt'guun' "cwj qtk' g'J' ctv'htf "v'ceegu'ku'etgf k'tgeqt' u'cpf "v'q'o cng'uwej "r gt'v'kppv'kps wtk'gu'cu'o c { "dg'pgeguuct { "Itqo" "vj kf "r'ctv' "uq'wtegu'ht' "vj g'htmqy kpi "r wtr qugu'c+ "Vq'xg'k'k' "lphqto cvkqp' uwr r rkgf "v'q'J' ctv'htf "d+ "Hqt' wpl'gt' y' tskpi "r wtr qugu'c+ "e+ "Wt' qp" tgegr'v'qh'c' "pq'leg'qh'enclo "qt' r'qvgp'v'c'enclo. "hqt' f'gdv'eqmge'v'kqp'0"J' ctv'htf "o c { "hwt'pkuj "eqr'kgu'qh'cp { "cpf "cml'ucvgo gpv. "ci tgggo gpv. "cpf " h'k'p'el'c'nc'ucvgo gpv'cpf "cp { "lphqto cvkqp. "y j lej "k'p'qy "j cu'qt' o c { "j' gtgchgt' "qd'v'clp' "eqpegt'kpi "gcej "qh'vj g'kpf go pksqt. "v'q'q'vj gt' r'gtu'apu'qt" eqo r cpl'gu'ht' "vj g'r wtr qug'qh'r' tqewt'kpi "eq/uwtgv' u'j k' "qt' t'gk'p'w'c'p'eg'0"

K'J' ctv'htf "Hk'g'k'p'w'c'p'eg' "Eqo r cp { . "J' ctv'htf "Rr'c' . "J' ctv'htf . "EV'28337. "kugr'ht' "cp { "qh'ku'ch'k'k'c'v'gu. "r'ct'gpv. "u'wdu'k'f' k'ct'k'gu. "eq/uwtgv'ku. "qt' t'g' l'p'w'c'gt' u. "k'p'f' k'k'f' wcm { "cpf "eqmge'v'kgn' "ecmgf "c+ "J' ctv'htf ö+. "cu'Uwtgv'. "uj cml'gz'gwegw'qt' r' tqewt'g'vj g'gz'gwegw'kqp'qh'vj g'd'qpf "qt' wpl'gt'v'kpi " j'gt'gk'p'd'g'ht'g' "cr r rkgf "hqt. "y j lej "dqpf "cpf "cr r rncv'kqp'ctg'j' gtgd { "t'g'ht'gf "v'q'cpf "o cf g'c'r'ctv'qh'vj ku'ci tgggo gpv. "vj g'wpf gtuki pgf . "k'p" eqpuk'gt'cvkqp'vj gtgqh' "l'q'k'p'w' { "cpf "ugx'gt'cm { "eqx'gpc'p'v'cpf "ci tgg'y kj "J' ctv'htf "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'gt'gwpf'gt. "wpl'k'J' ctv'htf "j' cu't'ge'g'k'x'gf "y' t'k'w'p' "h'gi' cñ' g'x'k'f' g'p'eg. "uc'v'k'c'e'v'qt { "v'q'J' ctv'htf . "lp'ku'w'q'ng'f' k'ue't'g'v'k'p'p. "qh'ku'f' k'uej' cti g'ht'qo "cml'uwej "dqpf u'cpf "cml'k'cd'k'k'v' { "t'g'nc'v'gf "vj'gt'g'v'q'0"

Kpf go pksqt *u+'ci tgg'v'q'kpf go pkh { "J' ctv'htf "cpf "uc'x'g'k'v'j' cto nguu'ht'qo "cp { "cpf "cml'quu'c'p'f "gzr'gpug'qh'vj j'cv'w'g'x'gt' "h'k'p'f "qt'pcwt'g. "k'p'ew'f' k'pi . " dw'p'q'v'iko k'gf "v'q'k'p'v'gt'g'uv' "eqw'v'equu. "cv'w'q't'p'g { "t'gg'gu. "k'p'ew't'gf "d { "J' ctv'htf "k'p'eq'p'p'g'v'k'p' "y' kj "qt' d { "t'g'cu'q'p'qh'ht'w'p'k'uj' k'pi "cp { "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'qu'k'w'p'q'f'go'cp'f "y' kj "J' ctv'htf "cp'co'q'w'p'v'w'ht'k'p'v'v'q'f'k'uej' cti g'cp { "enclo "qt'cp { "uwej" "dqpf . "y j lej "f'gr'qu'k'v'o c { "dg'j' g'f "d { "J' ctv'htf "cu'eq'm'c'v'g't'c'ñ'ug'ew'k'v' { "ci'c'k'p'w'c'p' { "h'uu'qt' "eq'uv'q'p' "vj'ku'd'q'p'f'0" "

Kpf go pksqt *u+'ci tgg'v'q'cv'cp { "Qdri'gg'qp'cp { "dqpf "y' t'k'w'p' "r'w'w'uc'p'v'v'q' "vj'ku'ci' tgggo gpv'ku'ur'g'ek'h'ecm { "cwj'q'k'k'gf "cpf "t'gs'w'g'v'gf "v'q'f'k'ue'q'ug'cp { " cpf "cml'p'ht'qto cvkqp. "k'p'ew'f' k'pi "r' t'q'x'k'f' k'pi "eqr'kgu'qh'f'q'ewo'gpv. "y j' g'v'j'gt' "f'ggo'gf "eq'p'h'k'f'gp'v'c'ñ'qt' "p'q'v' "t'gs'w'g'v'gf "d { "vj'g'Uwtgv' "lp'k'w'w' " l'p'x'g'v'k'v' cvkqp'qh'cp { "enclo 0" "Vj'g'k'p'f'go'p'ksqt'u'k't'g'x'q'ec'd'ñ' "cr r'q'k'p'v'J' ctv'htf "cu'vj'g'k't' "C'v'q't'p'g { "k'p' "H'ce'v'y' kj "vj'g't'k'i'j'v'd'w'p'q'v'vj'g'q'd'k'i' cvkqp'v'q" "gz'g't'ek'ug'ku't'k'i'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'k'p'f'go'p'ksqt' "f'ggo'gf "p'ge'gu'uct { "v'q'ectt { "q'w'v'j'g'k'p'v'p'v'cpf "r'w'tr'qug" "qh'vj'ku'r'ctci' t'cr'j'0"

C'f'ce'uko'k'g'v'k'i'pcwt'g'qh'vj'ku'f'q'ewo'gp'v'uj'cml'd'g'f'ggo'gf "cp'q't'k'i'k'p'c'ñ'k'i'pcwt'g'ht' "cp { "cpf "cml'r'w'tr'qugu'0"

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:

	Name of Firm/Corporation	"	(Seal)
Witness: _____	D { <	"	"
_____	Rt'k'p'v'C'd'q'x'g'P'co'g'J'gt'g"	"	"
Print Above Name Here	V'k'rg' "Rt'k'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.