

Agency Name and Code:
Agent's Name:

St. Paul Travelers Bond Express SURETY APPLICATION

Bond No. _____

Applicant's name in full (if a partnership, give names of partners) (Print or Type)		<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	
Business Address (Give Number, Street, City, State and Zip Code)		Occupation	How long engaged?
Amount of Bond \$	Type of bond required	Effective Date	
Name of Oblige			
Obligee Address (Give Number, Street, City, State and Zip Code)			
Has application for this bond been declined by another company? If yes, state particulars. <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Surety <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and reason for change.	
Number of years you have owned this business	Number of years experience	Fair market value of primary residence \$	Balance of Mortgage \$
Has the business, or any other principal involved:			
a. Had any lawsuits or judgements against them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If any answers are yes, provide details)	
b. Ever failed in business or declared Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. Ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Ever had their license suspended, revoked or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. Ever been party to a surety bond claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER, INCLUDING YOURSELF

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

COMPLETE FOR LOST SECURITIES BOND

(Attach a copy of transfer agent replacement procedures, if applicable and a financial statement.)

Description of lost instrument		Serial/CUSIP Number:	Date of Instrument issue:
If registered, in whose name?		Date of loss:	Has stop loss notice been given? Yes <input type="checkbox"/> No <input type="checkbox"/> When? To Whom?
How was the instrument lost, stolen or destroyed?		Is instrument negotiable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Payable to applicant only? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, to whom is it payable?
If instrument is a bond, please provide the following: Face Amount: _____ Interest %: _____ Maturity Date: _____ Interest paid to date: _____ How and when is interest paid?		If a check, has payment been stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?	Has the lost instrument been endorsed, transferred, hypothecated or pledged? Yes <input type="checkbox"/> No <input type="checkbox"/>
If the instrument is a stock certificate, please provide the following: Number of Shares: Current Market Value:		If a deed of trust or note, has either been involved in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a judgment obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has any assignment of Power of Attorney been executed that would enable any other person to transfer said instrument? Yes <input type="checkbox"/> No <input type="checkbox"/>

COMPLETE FOR PROBATE BOND

Name and age of: <input type="checkbox"/> Deceased _____ or <input type="checkbox"/> Incompetent _____ or <input type="checkbox"/> Minor		Date of Death	Date of Appointment	Is applicant indebted to the estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant's relationship to Deceased / Minor / Incompetent:
Applicant's net worth \$	Will any business of the estate be continued by fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, send a copy of court order)		Applicant's qualifications for handling estate:		
List assets of estate or trust: Real Estate: Bonds: Stocks: Cash: Other:	Name and address of attorney:		Will attorney remain involved throughout the duration of this estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List liabilities of estate or trust:	Does applicant share in the estate? If so, what %?		Are guardianship funds to be used for support of minor(s) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, send copy of court order authorizing monthly expenditures.)		Is this bond required on the demand of an interested person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?

Who are the heirs of the estate?	Is there dissension among the heirs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any previous bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state name, bond amt, and previous surety)
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AGENT'S RECOMMENDATION

Describe the length and nature of your relationship with the applicant:
Do you recommend the applicant for this bond? <input type="checkbox"/> Yes <input type="checkbox"/> No

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s) all hereinafter called the Indemnitor(s) hereby certify that the foregoing 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, One Tower Square, Hartford, Connecticut 06183 for itself and its affiliates, parents, and subsidiaries, hereinafter called Surety, to issued the bond(s) or undertaking(s) applied for and any renewal and increase of the same or of any bond(s) or undertaking(s) of similar nature given in substitution or renewal thereof (all comprehended in the word "bond(s)" or "undertaking(s)" as herein used). The Indemnitor(s) agree that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring liability whatsoever to the Indemnitor(s). In consideration of the Surety executing said bond(s) or undertaking(s) or the forbearance of cancellation of any bond(s), the Indemnitor(s) do undertake and agree as follows:

To pay the Surety all premiums when due and annually in advance of each renewal thereafter, until the Indemnitor(s) shall serve upon the Surety, at its said office, competent written legal evidence, satisfactory to the Surety, of it being duly discharged from such bond or undertaking. Indemnitor(s) hereby expressly authorize Company to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) to verify information supplied to Company; (b) for underwriting purposes; and (c) upon establishment of a reserve, for debt collection. The Indemnitor(s) will at all times indemnify, and keep indemnified, the Surety, and hold and save it harmless from and against any and all damages, loss, costs, charges and expenses of whatsoever kind or nature, including counsel and attorney's fees, whether incurred under retainer or salary or otherwise, which it shall or may, at any time, sustain or incur by reason or in connection with furnishing any bond or undertaking. To deposit with the Surety on demand an amount sufficient to discharge any claim made against the Surety on the bond(s) or undertaking(s). This sum maybe used by Surety to pay such claim or be held by Surety as collateral security against loss or cost on the bond(s) or undertaking(s).

Regardless of the date of signature(s), this indemnity agreement is effective as of the date of execution of aforementioned bond(s) or undertaking(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein.

A duplicate or facsimile copy or electronic reproduction of the original document shall have the same force and effect as the original.

Signed this _____ day of _____, _____

SIGNATURES

If Applicant is an INDIVIDUAL or PROPRIETORSHIP , sign here:	
_____	Name of Individual or Proprietorship
_____	Individually and as Proprietor
Witness	

If Applicant is a PARTNERSHIP , sign here:	
_____	Name of Partnership
_____	Individually and as Partner
_____	Individually and as Partner
_____	Individually and as Partner

If Applicant is a LIMITED LIABILITY COMPANY , sign here:	
_____	Name of Limited Liability Company
Attest: _____	By: _____
Member	Managing Member

If Applicant is a CORPORATION , sign here:	
_____	Name of Corporation
Attest: _____	_____
Secretary	President

ALL OWNERS (STOCKHOLDERS) and ADDITIONAL INDEMNITORS must sign below:

In consideration of TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, its affiliates, parents, and subsidiaries, executing the bond hereinabove applied for, we jointly and severally join in the foregoing indemnity agreement.

Indemnitor

Indemnitor

Indemnitor

Indemnitor