Important

Commercial Surety Application

License & Permit/Miscellaneous

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?**

License & Permit/Miscellaneous

Commercial Surety Application

THE HARTFORD

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: King Insurance & Surety
RO/Agency Code: 45/452289 Sub Producer Code: _____ Bond Number: _____
Agency City: Cuyahoga Falls Agency State: Ohio

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 Business 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: ☐ Ag ency Bill ☐ Direct Billed – full payment ☐ Direct Bill TABS Account
TABS Account No.: _____
Billing Address, if different from Applicant's Address:

Underwriting Questions

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.)		
Has the Applicant continuously been in business under the current name and ownership for at least three years?	☐ No	☐ Yes
Does the bond guarantee the performance of a *specific* contract or agreement?	☐ No	☐ Yes
If Yes, attach a copy of the contract or agreement.	☐ copy attached	
Does the bond cover any type of environmental or pollution exposure?	☐ No	☐ Yes
Does the bond guarantee the payment of taxes, fees, wages or payment of any type?	☐ No	☐ Yes

KING INSURANCE & SURETY
QUESTIONS? CALL 800/275-8719
FAX THIS APPLICATION TO 330/928-9659
OR EMAIL TO gregking@kinginsuranceagency.com

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 the Surety to execute a certain bond or undertaking herein applied for, and any renewal, procurement, assumption, continuation or increase of the same, or any bond of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used).

Indemnitor(s) hereby expressly authorize Hartford 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 Hartford; (b) For underwriting purposes; and (c) Upon receipt of a notice of claim or potential claim, for debt collection. Hartford may furnish copies of any and all statements, agreements, and financial statements and any information, which it now has or may hereafter obtain concerning each of the Indemnitors, to other persons or companies for the purpose of procuring co-suretyship or reinsurance.

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself or any of its affiliates, parent, subsidiaries, co-sureties, or re-insurers, (individually and collectively called "Hartford"), as Surety, shall execute or procure the execution of the bond or undertaking hereinbefore applied for, which bond and application are hereby referred to and made a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with Hartford as follows:

Indemnitor(s) shall pay the premiums and renewal premiums for each bond issued hereunder, until Hartford has received written legal evidence, satisfactory to Hartford, in its sole discretion, of its discharge from all such bonds and all liability related thereto.

Indemnitor(s) agree to indemnify Hartford and save it harmless from any and all loss and expense of whatsoever kind or nature, including, but not limited to interest, court costs, attorney fees, incurred by Hartford in connection with or by reason of furnishing any bond hereunder. The undersigned Indemnitor(s) hereby agree to deposit upon demand with Hartford an amount sufficient to discharge any claim or any such bond, which deposit may be held by Hartford as collateral security against any loss or cost on this bond.

Indemnitors agree that any Obligee on any bond written pursuant to this Agreement is specifically authorized and requested to disclose any and all information, including providing copies of documents, whether deemed confidential or not, requested by the Surety in it's investigation of any claim. The indemnitors irrevocably appoint Hartford as their Attorney in Fact with the right but not the obligation to exercise its rights and execute or deliver any document in the name of the indemnitor deemed necessary to carry out the intent and purpose of this paragraph.

A facsimile signature of this document shall be deemed an original signature for any and all purposes.

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: _____ By: _____
Print Above Name Here

_____ _____
Print Above Name Here Title (Print) _____

If Indemnitor is an INDIVIDUAL:

Witness: _____ *Indemnitor* _____

_____ _____
Print Name Above *Print Name and Social Security Number of Abovc*

Witness: _____ *Indemnitor* _____

_____ _____
Print Name Above *Print Name and Social Security Number of Abovc*

Witness: *Indemnitor*

_____ _____
Print Name Above *Print Name and Social Security Number of Abovc*

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