



A Member of the Tokio Marine Group

Application For License, Permit, and Miscellaneous Bonds

BOND INFORMATION										
TYPE OF BOND					BOND AMOUNT \$			EFFECTIVE DATE		
BOND TO BE FILED WITH (OBLIGEE)			STREET ADDRESS				CITY/STATE/ZIP			
PREVIOUSLY BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF SURETY				BOND NUMBER				
BUSINESS INFORMATION										
COMPANY NAME (EXACTLY AS IT IS TO APPEAR ON BOND)					BUSINESS PHONE			INDUSTRY EXPERIENCE ____ YEARS		
COMPANY ADDRESS				CITY		STATE		ZIP		
FAX NUMBER		WEBSITE OR EMAIL ADDRESS					BUSINESS <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING			
COMPANY IS A <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION IF CORPORATION, DATE INCORPORATED _____					IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS _____					
CREDIT INFORMATION										
BANK NAME (BUSINESS ACCOUNT)			BRANCH ADDRESS				CITY/STATE/ZIP		PHONE	
CHECKING ACCOUNT NO.		BALANCE \$			SAVINGS ACCOUNT NO.		BALANCE \$			
IS THE COMBINED PERSONAL NET WORTH OF THE OWNERS AT LEAST FIVE TIMES THE AMOUNT OF THE BOND?										
LIST BELOW CREDIT REFERENCES WITH WHOM YOU DO BUSINESS										
NAME			ADDRESS			CITY/STATE/ZIP		PHONE		
NAME			ADDRESS			CITY/STATE/ZIP		PHONE		
HAVE ANY OF THE APPLICANTS OR THE COMPANY EVER FAILED IN ANY BUSINESS VENTURE?								<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAS ANOTHER SURETY COMPANY DECLINED TO WRITE THIS OR ANY PREVIOUS BOND?								<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER HAD A BOND INVOLUNTARILY TERMINATED OR CANCELLED								<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAS THERE EVER BEEN A CLAIM OR LEGAL ACTION AGAINST ANY BOND EXECUTED ON YOUR BEHALF/INDEMNITOR?								<input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES THE BOND GUARANTEE THE PERFORMANCE OF A SPECIFIC CONTRACT OR AGREEMENT?								<input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES THE BOND COVER ANY TYPE OF ENVIRONMENT OR POLLUTION EXPOSURE?								<input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES THE BOND GUARANTEE THE PAYMENT OF TAXES, FEES, WAGES OR PAYMENT OF ANY TYPE?								<input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTINUOUSLY BEEN IN BUSINESS UNDER THE CURRENT NAME AND OWNERSHIP FOR AT LEAST 3 YRS?								<input type="checkbox"/> YES <input type="checkbox"/> NO		
BEEN INVOLVED IN ANY DISPUTE WHERE A LAWSUIT OR LIEN WAS FILED?								<input type="checkbox"/> YES <input type="checkbox"/> NO		
BEEN SUBJECT TO A FEDERAL TAX LIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO					DECLARED BANKRUPTCY?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YOU ANSWERED YES TO ANY OF THE ABOVE THEN PLEASE ATTACH A DETAILED EXPLANATION OR APPLICABLE DOCUMENTATION										
ALL APPLICANTS, PARTNERS, STOCKHOLDERS, AND INDEMNITORS MUST COMPLETE										
INDIVIDUAL'S NAME			<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED		DOB	SOCIAL SECURITY NO.			DRIVER'S LICENSE NO. / STATE	
EMPLOYER			CITY/STATE/ ZIP			WORK PHONE			LENGTH EMPLOYED YEARS MONTHS	
SPOUSE'S NAME			EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB		SOCIAL SECURITY NO.			DRIVER'S LICENSE NO. / STATE	
HOME ADDRESS			CITY/STATE/ ZIP			HOME PHONE			<input type="checkbox"/> OWN <input type="checkbox"/> RENTED <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT HOW LONG? YEARS	
DATE PURCHASED	PURCHASE PRICE \$		CURRENT MKT VALUE \$		LOAN BALANCE(S)		LOAN#	MONTHLY PAYMENT		
PREVIOUS ADDRESS			CITY/ STATE/ ZIP			HOME PHONE			<input type="checkbox"/> OWN <input type="checkbox"/> RENTED <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT HOW LONG? YEARS	
BANK (PERSONAL ACCOUNT)		ADDRESS			CHECKING ACCT NO. SAVINGS ACCT NO.			BALANCE \$ BALANCE \$		

****ALL APPLICANTS ARE SUBJECT TO CREDIT REVIEW**

Fair Credit Reporting Act Notice: In making this application for surety it is understood that an investigative consumer report may be prepared whereby pertinent information concerning your character, reputation, personal characteristics and mode of living may be obtained. Information as to the nature and scope of this report may be obtained upon written request.

IMPORTANT: READ & SIGN INDEMNIFICATION

GENERAL INDEMNITY AGREEMENT

Applicant (Principal) requests that Philadelphia Consolidated Holding Corp., Philadelphia Indemnity Insurance Company, Philadelphia Insurance Company, or Maguire Insurance Agency, Inc., hereinafter known as Philadelphia, execute a bond and consider executing future bonds. Principal and indemnitors authorize Philadelphia or its agents to investigate Principal's and indemnitors' personal credit, now and at any time in the future, with any creditor, supplier, customer, financial institution, or other person or entity. Principal makes the following promises so that Philadelphia will execute a Bond and consider executing future bonds:

1. Principal agrees that the following definitions apply: (a) Bond means (i.) any surety bond, undertaking, or other express or implied obligation of guaranty or suretyship, signed or committed to by Philadelphia at the request of Principal, or any of the indemnitors (regardless of what business entity is named on the Bond), on, before, or after the date of the agreement pursuant to which Philadelphia is or may be made liable for Loss, whether or not Principal is also liable, and (ii.) all riders, endorsements, continuations, renewals, substitutions, modifications, extensions, replacements and reinstatements thereto; and changes in the penal sum thereto; and (b) Loss means any payment or expense either incurred or anticipated by Philadelphia in connection with any Bond or this agreement including but not limited to: payment of bond premium and/or proceeds or any other expense in connection with claims, potential claims, or demands; claim fees, penalties; interest; court costs; collection agency fees; costs related to taking, protecting, administering, realizing upon, or releasing collateral; and attorneys' and consultants' fees (including but not limited to those incurred in defense of bond claims or pursuing any rights of indemnification or subrogation and in obtaining and enforcing any judgment arising from those rights).
2. Principal and all other indemnitors jointly and severally agree to hold Philadelphia harmless from all Loss and to reimburse Philadelphia for all Loss.
3. Principal agrees to pay Philadelphia each annual premium due according to the rates in effect when each payment is due. Principal agrees that premium for a Bond is fully earned upon execution of a Bond and is not refundable.
4. Principal agrees that a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement.
5. Principal agrees that Philadelphia may obtain a release from its obligations as surety on a Bond whenever any such release is authorized by law.
6. Principal agrees that Philadelphia have the exclusive right to decide whether to pay, compromise, or appeal any claim against a Bond.
7. Principal and indemnitors agree that it cannot terminate liability to Philadelphia created by this agreement except by sending written notice of intent to terminate to Philadelphia. Written notice to terminate shall be sent to Philadelphia at its home office, Surety Bond Department (202-962-2917) 1625 Eye Street, Washington, DC 20006. Principal and indemnitors agree that the termination will be effective thirty working days after actual receipt of such notice by Philadelphia, but only for Bonds signed or committed to by Philadelphia after the effective date, thus remaining liable to Philadelphia for Loss on Bonds signed or committed to by Philadelphia prior to the effective date of termination.
8. Principal agrees that this Agreement shall be governed by and construed in accordance with the laws of the District of Columbia and may, at the Surety's sole option, be enforced in a state or federal court in the District of Columbia or where the Bonded Contract was to be performed or where any of the Undersigned reside.
9. Principal agrees that with its signature below, it is representing itself as both Principal and an indemnitor as used above.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed and dated this _____ day of _____, 20_____

Print Principal Name (Exactly as it is to appear on Bond): _____

Soc. Sec. # or FED ID #

By: _____
Signature and Title of Authorized Representative

Indemnitors

Indemnitor Name: _____

Indemnitor Name: _____

Soc. Sec # or FED ID# of Indemnitor: _____

Home Address: _____

By: _____

Soc. Sec # of Indemnitor: _____

Signature and Title of Authorized Representative of Indemnitor

By: _____

Signature of Personal Indemnitor

Indemnitor Name: _____

Indemnitor Name: _____

Home Address: _____

Home Address: _____

Soc. Sec # of Indemnitor: _____

Soc. Sec # of Indemnitor: _____

By: _____

By: _____

Signature of Personal Indemnitor

Signature of Personal Indemnitor