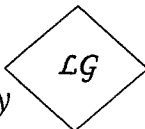


Lincoln General
Insurance Company



Phone 813-888-8255 FAX 813-888-8258
4902 Eisenhower Boulevard, Suite 190, Tampa, FL 33634

**COURT
BOND
APPLICATION**

BONDING AGENCY	PHONE NO.	BOND NUMBER
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ADDRESS	CITY	STATE	ZIP
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APPLICANT'S NAME (IF PARTNERSHIP OR CORP., SO STATE AND GIVE NAME OF EACH PARTNER)	SOCIAL SECURITY NO.
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ADDRESS	CITY	STATE	ZIP
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PHONE NO.	DRIVER'S LICENSE NO.	STATE
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NATURE OF BUSINESS (If Applicant is not an individual)

TITLE OF CASE AND CASE NO. (PLAINTIFF)	VS.	(DEFENDANT)
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UNDERTAKING (TYPE) REQUIRED	CCP NO.	AMOUNT OF BOND \$
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BOND FILED IN WHICH COURT	STATE	COUNTY
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ATTORNEY NAME	PHONE
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ATTORNEY ADDRESS	CITY	STATE	ZIP
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Have you ever:	1. declared bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	3. had a criminal conviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2. had a civil judgment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4. been bonded?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If the answer is **YES** to any of the above, please attach a full explanation.

PRESENT OCCUPATION (If Applicant is an individual)	EMPLOYER'S NAME	HOW LONG EMPLOYED
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EMPLOYER'S ADDRESS	EMPLOYER'S PHONE NO.
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REFERENCES (SUPPLIERS)	NAME	PHONE	ADDRESS
	NAME	PHONE	ADDRESS

DO YOU OWN ANY REAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LOCATION:	AMOUNT OWING:
VALUE:	PURCHASE PRICE:	

NAME AND BRANCH OF BANK - Business	NAME AND BRANCH OF BANK - Personal	INSURANCE LIMITS General Liability:
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PHONE NO./CONTACT	PHONE NO./CONTACT	Property Damage:
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ACCOUNT NO.(S)	ACCOUNT NO.(S)	Fidelity:
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****Most recent fiscal year end statement must be submitted with this Application unless specifically waived by the company.**

- Do you understand that before we can exonerate your bond we must have a Final Order, Judgment or Stipulation? Yes No
- When applicable, do you understand that before collateral can be returned there must be no possibility of opposition or appeal and that we must be served with a copy of the Final Order, Final Judgment, or Stipulation exonerating the bond, signed by both parties? Yes No

Indemnity Agreement on Page 2 must be signed to complete this Application.

NAME OF APPLICANT		
CASE NO.	BOND AMOUNT \$	BOND NO.

THIS INDEMNITY AGREEMENT IS MADE A PART OF THE ABOVE COURT BOND APPLICATION.

EACH OF THE UNDERSIGNED HEREBY affirms that the foregoing statements made and answers given are the truth and are made to induce Lincoln General Insurance Company, as Surety, to execute or procure the execution of any and all of the bonds described and any extension, modification or renewal thereof, addition thereto or substitution therefor. This is an application for a bond. A bond is a credit relationship. Credit checks will be made. A bond is NOT an insurance policy. You, officers, directors, principals and other indemnitors under bond will severally and jointly be liable for payment to the Surety of any defaults under the bond.

INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN

THE UNDERSIGNED AGREE AS FOLLOWS:

- To pay Surety upon demand: (a) all losses and expenses, including attorneys' fees (including fees of special counsel whenever deemed necessary by the Surety), for which Surety shall become liable by reason of such bond, whether or not Surety shall have paid such loss and expense at the time of demand and in the event the Surety is required or deems it necessary to reserve from its assets an amount to cover any claim or claims, contingent or otherwise, under any such bond by reason of default of the undersigned Applicant, or by reason of claims filed or any dispute with the Oblige under such bond, or for any reason whatsoever, a deposit with the Surety, in current funds and immediately upon demand, an amount sufficient to cover such reserve and such additional amounts as may be deemed necessary to cover any increases herein, to be held as additional collateral security. (b) The annual premium for such bond until satisfactory evidence of termination of liability shall be furnished to Surety.
 - Surety shall have the exclusive right to determine whether any claim or suit shall, on the basis of liability, expediency or otherwise, be paid, compromised, defended or appealed.
 - An itemized statement of loss and expense incurred by Surety, sworn to by an officer of Surety, shall be prima facia evidence of the fact and extent of the obligation of the undersigned to reimburse the Surety, with interest. Any indebtedness to the Surety under the Indemnity Agreement shall bear interest at 10% per annum or at the rate charged by the Federal Reserve Bank of San Francisco on advances to member banks on the 25th day of the month preceding the date of the loss under the bond, whichever is higher.
 - Surety may procure its release from said bond under any law for release of bonds without liability to the undersigned for any damages therefrom.
 - This agreement shall apply to all renewals, continuations, substitutions and extensions of the bond herein applied for.
 - It is understood and agreed that the first year's premium, is FULLY EARNED UPON issuance of the bond, AND IS NOT REFUNDABLE.
- In consideration of the execution of the bond herein applied for, each of the undersigned, jointly and severally, agrees to be bound by all of the terms of this indemnity agreement, executed by the applicant, as fully as though each of the undersigned were the sole applicant named herein, and admit to being financially interested in performance of the obligation which the bond applied for is given to secure.

INDEMNITORS

If an individual or sole proprietorship, applicant must sign. Spouse must sign personal indemnity below.

NAME OF APPLICANT _____

If partnership or LLC, all partners or members must sign. Spouses must sign personal indemnity below.

SIGNATURE OF APPLICANT _____ DATE _____

If corporation, authorized corporate officer must sign corporate signature block. Stockholders and their spouses must sign personal indemnity below.

PRINT PARTNER'S OR OFFICER'S NAME AND TITLE _____

OWNERS AND SPOUSES MUST SIGN PERSONAL INDEMNITY BELOW UNLESS OTHERWISE DIRECTED BY SURETY.

WITNESS (SIGNATURE AND PRINT) _____

ADDITIONAL INDEMNITORS

INDEMNITOR (SIGNATURE) _____ WITNESS (SIGNATURE) _____

INDEMNITOR (PRINT) _____ WITNESS (PRINT) _____

S.S. NO. _____ ADDRESS _____

INDEMNITOR (SIGNATURE) _____ WITNESS (SIGNATURE) _____

INDEMNITOR (PRINT) _____ WITNESS (PRINT) _____

S.S. NO. _____ ADDRESS _____