



MULTIPURPOSE SURETY APPLICATION

Applicant's name in full (if partnership, give names of partners) (Print or Type)		<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Business Address (Give Number, Street, City, State and Zip Code)		Occupation	How long engaged
Amount of Bond	Type of bond requested	Effective Date	
Name and Address of obligee			
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 the 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 judgments against them? <input type="checkbox"/> yes <input type="checkbox"/> no 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 (if any yes, please provide details)			

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
Name	Social Security Number			Percent Ownership
Address	City	State	Zip	Telephone

COMPLETE FOR LICENSE/PERMIT BOND

Net Worth	General Liability Insurance carried (Give limits) <input type="checkbox"/> yes <input type="checkbox"/> no	Property damage insurance carried? (Give limits) <input type="checkbox"/> yes <input type="checkbox"/> no
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COMPLETE FOR LOST SECURITIES BOND

Type of security and registration number	Date of instrument	Payable to applicant only? <input type="checkbox"/> yes <input type="checkbox"/> no If no, who is it payable to?
Are securities endorsed? <input type="checkbox"/> yes <input type="checkbox"/> no	Describe manner of loss	Has notice of loss been given? <input type="checkbox"/> yes <input type="checkbox"/> no When? To Whom?
If registered, in whose name?	If a check, has payment been stopped? If so, when? <input type="checkbox"/> yes <input type="checkbox"/> no	If a deed of trust or not, has either been involved in a lawsuit? <input type="checkbox"/> yes <input type="checkbox"/> no Was a judgment obtained?

COMPLETE FOR PROBATE BOND

Name of Deceased (Ward)	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 <input type="checkbox"/> Deceased <input type="checkbox"/> Ward(s)
Applicant's net worth	Will any business of the estate be continued by fiduciary? <input type="checkbox"/> yes <input type="checkbox"/> no		Assets of estate or trust (describe)	
Name and address of Attorney		Name and age of <input type="checkbox"/> Minor(s) <input type="checkbox"/> Incompetent		
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?	

Agency Name

Code

Address

Agent's Recommendation

The undersigned hereby declares the truth of the representations herein, and that they are made to induce Lincoln General Insurance Company (hereinafter called Surety) to issue the Bond(s) applied for. The Undersigned agrees that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability whatsoever to the Undersigned. In consideration of the issuance of the Bond(s) herein applied for, or any Bond(s) in succession of the said Bond(s), or any increase or extension of time of the said Bond(s), the Undersigned hereby agrees.

- (1) To hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms and corporations in order to confirm and verify information referred to or listed herein;
- (2) To pay to the Surety the agreed premium upon execution of the Bond(s) and annually in advance thereafter;
- (3) To furnish the Surety with satisfactory and conclusive termination evidence that there is no further liability on the Bond(s);
- (4) To perform all the conditions of said Bond(s) and will indemnify and save the Surety harmless from demands, losses, costs, damages and expenses, including attorney's and counsel fees deemed necessary by the Surety, which Surety may sustain or incur by reason of the issuance of such Bond(s) or obtaining a release of or evidence of termination under such Bond(s);
- (5) That the Surety shall have (i) the exclusive right to adjust, settle or compromise any claim under such Bond(s), and (ii) the right, at its sole option and sole discretion, to increase or decrease the penalty(s) of any such Bond(s), to change the obligee(s) therein, to execute any continuations, enlargements, modifications and renewals thereof or substitute the same or different conditions, provisions and obligee(s) therein, it being agreed that this Indemnity Agreement shall cover such new or changed Bond(s) or renewals even though the Surety's action or consent may or does substantially increase the liability of the Applicant and the Undersigned.
- (6) That the voucher or other evidence showing payment made by the Surety in good faith by reason of such Bond(s) or any renewal, extension or substitution thereof shall be conclusive and in any event prima facie evidence of such payment and the propriety thereof and of the liability of the Undersigned therefore to the Surety; and
- (7) The Undersigned further agrees to reimburse the Surety for all expense, counsel and attorney fees incurred by the Surety in enforcing any provision of this agreement.

Regardless of the date this Indemnity Agreement is signed, it is effective as of the date of execution of the above mentioned Bond(s) pursuant to certain promises the agreements made by the Undersigned.

Dated the _____ day of _____, 20_____

SIGNATURES

If Applicant is an INDIVIDUAL or PROPRIETORSHIP, sign here:

	Name of Individual or Proprietorship
Witness	Individually and as Proprietor

If Applicant is a PARTNERSHIP, sign here:

	Name of Partnership
Individually and as Partner	Individually and as Partner
Individually and as Partner	Individually and as Partner

If Applicant is a CORPORATION, sign here:

	Name of Corporation
Attest: Secretary	By: President

ALL OWNERS, (STOCKHOLDERS) AND ADDITIONAL INDEMNITORS MUST SIGN BELOW:

In consideration of executing the Bond(s) applied for by Applicant, the Undersigned, now referred to as Indemnitor(s) acknowledge(s) that the above Indemnity Agreement has been read and the Indemnitor(s) is (are) aware of the contents of the Indemnity Agreement. The Indemnitor(s) agree(s) to be bound by the Indemnity Agreement to the same extent as the Applicant. This obligation imposes individual liability on the Indemnitor(s) as well as joint liability with the Applicant. The Indemnitor(s) has (have) sufficient interest in the performance of this obligation to execute this agreement and is (are) fully empowered to exercise this agreement.

Indemnitor	Social Security Number	Indemnitor	Social Security Number
Indemnitor	Social Security Number	Indemnitor	Social Security Number