

Application for License, Permit and Miscellaneous Bonds

Bond Number: _____

A BOND INFORMATION									
TYPE OF BOND					BOND AMOUNT			REQUESTED EFFECTIVE DATE	
BOND TO BE FILED WITH (OBLIGEE)				ADDRESS OF OBLIGEE					
Does the Applicant have any other Surety bonds in force?					<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If you answered YES to any of the questions above, please attach a detailed explanation.</i>		
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				
B BUSINESS INFORMATION									
COMPANY NAME (MUST BE EXACTLY AS IT IS TO APPEAR ON BOND)							BUSINESS PHONE		
ADDRESS							BUSINESS FAX		
CITY/ STATE/ ZIP							COMPANY TAX ID NUMBER		
PRIOR BOND OR CURRENT BOND WITH		HOW LONG	BOND NUMBER		REASON FOR CHANGE				
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation		IF CORPORATION, DATE INCORPORATED		/ /	IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS <i>(complete section C for all stockholders with over 10% interest)</i>				
DESCRIBE TYPE OF BUSINESS			LICENSE NUMBER (if applicable)		NUMBER OF YEARS EXPERIENCE		HOW LONG UNDER CURRENT OWNERSHIP?		
BUSINESS ACCOUNT BANK NAME		BANK ADDRESS					BANK PHONE NUMBER		
BUSINESS CHECKING ACCOUNT NUMBER		ACCOUNT BALANCE		BUSINESS SAVINGS ACCOUNT NUMBER		ACCOUNT BALANCE			
CREDIT REFERENCES WITH WHOM YOU DO BUSINESS									
NAME		ADDRESS					PHONE NUMBER		
NAME		ADDRESS					PHONE NUMBER		
Have you been involved in a dispute where there was a lawsuit or lien was filed?					<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If you answered YES to any of the questions above, please attach a detailed explanation.</i>		
Have you been subject to a federal or state tax lien?					<input type="checkbox"/> Yes <input type="checkbox"/> No				
C PERSONAL INDEMNITOR INFORMATION									
INDIVIDUAL'S FIRST NAME/ MIDDLE NAME/ LAST NAME				DRIVER'S LICENSE NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
<input type="checkbox"/> Own <input type="checkbox"/> House	<input type="checkbox"/> Rent <input type="checkbox"/> Apartment	HOW LONG?		MONTHLY PAYMENT(S)		EMAIL ADDRESS			
HOME ADDRESS/CITY/ STATE/ ZIP							HOME/ MOBILE PHONE		
EMPLOYER NAME					WORK PHONE		LENGTH OF EMPLOYMENT		
EMPLOYER ADDRESS					EMPLOYER CITY/ STATE/ ZIP				
<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Separated	SPOUSE FIRST NAME/ MIDDLE NAME/ LAST NAME			DRIVER'S LICENSE NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER
SPOUSE EMPLOYER NAME				WORK PHONE		LENGTH OF EMPLOYMENT			
SPOUSE EMPLOYER ADDRESS				SPOUSE EMPLOYER CITY/ STATE/ ZIP					
DATE HOME PURCHASED	PURCHASE PRICE		CURRENT MARKET VALUE		PRESENT LOAN BALANCE(S)		LOAN NUMBER	MONTHLY PAYMENT(S)	
			BANK ADDRESS					BANK PHONE NUMBER	
PERSONAL CHECKING ACCOUNT NUMBER		ACCOUNT BALANCE			PERSONAL SAVINGS ACCOUNT NUMBER		ACCOUNT BALANCE		
NEAREST RELATIVE NAME		RELATIONSHIP	ADDRESS					PHONE NUMBER	
Have you, your spouse, or company ever :				<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a guarantor for a third party liability?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
failed in any business venture?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
declared bankruptcy?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Are any of your assets in Trust(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
been a principal or indemnitor on a bond which a claim was brought?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If you answered YES to any of the questions above, please attach a detailed explanation.</i>			
subject to a federal or state tax lien?				<input type="checkbox"/> Yes <input type="checkbox"/> No					

NOTARY ACKNOWLEDGEMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

STATE OF _____ §

COUNTY OF _____ §

On _____ before me, _____ personally appeared _____

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

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STATE OF _____ §

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Signature _____ (Seal)



Personal Financial Statement
Not to be used for Business Statements

To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement

Personal financial statement for _____ SSN _____
Name

Street Address, City, State, ZIP

Home Phone No. _____ Bus. Phone No. _____
Name of Spouse

As of _____
Month Day Year

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)	_____	Notes payable to (names & addresses):	_____
Cash in following banks (names & addresses):	_____	_____
.....	_____	_____
.....	_____	Sales Contracts & Chattel Mtgs. (Sch. 6)	_____
Stocks and bonds (Schedule 1)	_____	_____
Accounts receivable (Schedule 2)	_____	Accounts payable	_____
Notes receivable (Schedule 3)	_____	Current portion of long term debt.	_____
Other current assets (Schedule 6)	_____	Other current liabilities (Schedule 6)	_____
.....	_____	_____
.....	_____	_____
.....	_____	Current Year's Income Taxes Unpaid	_____
.....	_____	Prior Year's Income Taxes Unpaid	_____
.....	_____	Real Estate Taxes Unpaid	_____
.....	_____		
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES	
Real estate (Schedule 4):		Real estate debt (Schedule 4):	
Residence	_____	Residence	_____
Other	_____	Other	_____
Cash value of life insurance (Schedule 5)	_____	Borrowed on life insurance (Schedule 5)	_____
Other assets and investments (Schedule 6)	_____	_____
.....	_____	Other long term debt (Schedule 6)	_____
.....	_____	_____
.....	_____	_____
.....	_____	TOTAL LONG TERM LIABILITIES	
.....	_____		
TOTAL FIXED ASSETS		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

Contingent Liabilities

For endorsements or guarantees \$ _____ For other purposes \$ _____

Give details _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Div. Paid Last 2 Yrs	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTE RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL							

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

6. OTHER ASSETS AND LIABILITIES

Other Current Assets (itemize)	Other Current Liabilities (itemize)	Amount

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature _____

Soc. Sec. No. _____ Date of Birth _____

Signature _____

Soc. Sec. No. _____ Date of Birth _____

Date Signed _____



Fraud Warnings and Privacy Notice

Fraud Warnings

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN MAINE

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 or denial of insurance benefits.



TOKIOMARINE
HCC

Fraud Warnings and Privacy Notice

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Material misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FACTS**WHAT DOES TOKIO MARINE HCC DO WITH YOUR PERSONAL INFORMATION?**

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information may include: <ul style="list-style-type: none"> ■ Account and transaction information; ■ Contact and demographic information; ■ Financial information; ■ Claims information; and ■ Credit history.
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Tokio Marine HCC chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Tokio Marine HCC share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	N/A

To limit our sharing	<ul style="list-style-type: none"> ■ Call (888) 688-0775 — our menu will prompt you through your choice(s). ■ Email us online: privacypolicy@tmhcc.com. <p>Please note: When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
Questions?	Call (888) 688-0775 or send us an email at privacypolicy@tmhcc.com .

Who we are	
Who is providing this notice?	Tokio Marine HCC is the trading name of HCC Insurance Holdings, Inc.
What we do	
How does Tokio Marine HCC protect my personal information?	To protect your personal information from unauthorized access and use, we maintain reasonable administrative, technical and physical safeguards designed to protect your personal information against accidental, unlawful or unauthorized destruction, loss, alteration, access, disclosure or use.
How does Tokio Marine HCC collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> ■ Sign up for and use our services, including when you choose to provide us with your information online or offline; ■ Interact with our website and mobile applications; ■ Obtain an insurance product from us through a broker, where we may collect personal information from your broker in order to prepare your quote and/or your insurance policy; and/or ■ Submit an insurance claim, so we can properly handle your claim. <p>We may also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ■ sharing for affiliates' everyday business purposes—information about your creditworthiness; ■ affiliates from using your information to market to you; and ■ sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>Our affiliates include our family of companies, available at https://www.tokiomarinehd.com/en/company/about/group.html.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ■ <i>Our joint marketing partners include categories of companies such as insurance companies.</i>
Other important information	
For more information, please review our privacy policy, located at https://www.tmhcc.com/en-us/legal/privacy-policy .	