



BONDS
SOUTHEAST, INC.

1030 17th Avenue South
Nashville, TN 37212
Contract & Commercial Surety Bonds

(615) 321-9700
Toll Free: 1-877-992-6637
Fax: (615) 321-9702

APPLICATION FOR MISCELLANEOUS BOND

INSTRUCTIONS:

- 1) Please **PRINT** or **TYPE**.
- 2) Please complete all sections of this application.
- 3) **Please sign for the company above “Principal” and sign individually on the line below. Spouses are also required to sign on the line below. Have someone witness on the left hand side (spouses should not witness for each other). Also, where a notary is required, the notary should NOT be the same person that is the witness.**
- 4) **THE FOLLOWING IS REQUIRED FOR ALL BONDS REQUESTED;**
 - A) Current personal financial statements on all OWNERS, PARTNERS or STOCKHOLDERS (see attached form)
 - B) Last FISCAL YEAR END business financial statement including:
 - 1) BALANCE SHEET
 - 2) STATEMENT OF INCOME AND RETAINED EARNINGS
 - C) Copy of personal or company INCOME TAX RETURNS for the last year if the business is a PROPRIETORSHIP, PARTNERSHIP, OR SUB-CHAPTER ‘S’ CORPORATION and there are no income statements available for the business.
 - D) All questions in the middle of the application must be answered and details provided on “yes” answers.

Additional information may be required depending upon the risk involved and the amount of the bond being requested. An underwriter will advise you of any additional requirements.

WARNING:

This is an application for a surety bond. A surety bond is a credit relationship. A BOND IS NOT AN INSURANCE POLICY POLICY. You, the owners, partners, stockholders and all spouses will be jointly and severally liable for payment to the Surety Company for any defaults, losses or expenses incurred by the Surety under this bond.

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



MISCELLANEOUS BOND APPLICATION

Court and Commercial Surety Bonds
 1030 17th Avenue South
 Nashville, TN 37212
 (615) 321-9700
 Fax: (615) 321-9702

Name of Applicant as it should appear on bond:	Street Address:
Business Phone:	Business Fax:
Name/Address of Obligee: entity requiring the bond	Bond Type:
Effective Date:	Bond Amount: \$

COMPLETE THE FOLLOWING FOR ALL OWNERS

1 Owner Name: & SS#	Phone #
Address, CSZ	% Ownership
Spouse Name & SS#:	Net Worth: \$
2 Owner Name & SS #:	Phone #
Address, CSZ	% Ownership
Spouse Name & SS#	Net Worth: \$
How long have you been business under the current Name & Ownership?	FIN#
Do any of the owners have any suits or judgments against them?	YES NO If so, provide details.
Do you have any lawsuits pending or in the process of being filed?	YES NO If so, provide details.
Have any of the owners ever filed bankruptcy?(Personally or Corp)	YES NO If so, provide details.
Have you or any of the owners operated under another name?	YES NO If so, provide details.
If so, were all the creditors satisfied?	YES NO If not, provide details.
Have you ever had a bond cancelled or had one go into claim?	YES NO If so, provide details.
Have you, or any of your associates ever been the subject of any proceedings resulting in disciplinary action, suspension or revocation of a license?	YES NO If so, provide details.

INSURANCE FRAUD PREVENTION ACT NOTICE; Any person who knowingly and with intent to defraud any insurance company, who 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 a crime.

The Applicant(s) and the Indemnitor(s), if any, hereby authorize the Company to obtain credit reports and histories and to confirm the bank balances claimed, and all other items on any balance sheet or income statement furnished until all liability of Company for any suretyship obligations expires.

The undersigned warrants the answers and information given herein to be true, and in consideration of the Company executing the bond or undertaking herein applied for do hereby agree as follows: To pay the initial premium and the annual premium thereafter, until the Company is furnished with conclusive evidence of the termination of its liability; To furnish such evidence and copies of such papers concerning the bond or undertaking which the Company in its discretion desire; To indemnify and keep indemnified the Company and hold and save it harmless from and against any and all loss or expense of whatever nature which the Company shall or may for any cause, at any time, sustain for or by reason or in consequence of the Company having executed said bond or undertaking. The undersigned agrees that the voucher or other evidence of payment made by the Company of such suretyship shall be competent evidence of such payment and the propriety thereof, and of the undersigned's liability therefore to the Company. The undersigned further agrees that if the amount of the premium for the bond or undertaking herein applied for is not expressed above in the space intended therefore, the undersigned agrees to pay premiums computed upon the Company's current rate as of the date of bond or undertaking. The undersigned expressly waives, as to this obligation, the benefit of all exemptions, or the homestead provision, to which the undersigned is, or may be entitled to under the laws of any State of the United States.

This application and indemnity agreement bearing the signature of the Applicant(s) and Indemnitor(s) shall be valid, effective and enforceable whether received by the Company as an original or as a facsimile transmission.

In Witness Whereof, the undersigned duly executed this instrument on the _____ day of _____, _____.

Signed in the presence of :

BY:

Principal (Owner)
 (Personal Indemnitors)
 BY: _____
 BY: _____
 BY: _____
 BY: _____

Personal and Company financial statements may be required.