

Important

Commercial Surety Application

Lost Securities

Instruction Sheet

We have created an instruction sheet to assist you in completing this application. Please refer to this sheet before sending the Commercial Surety Application back to The Hartford. It will help avoid any delays in processing your application due to missing information.

1. Please complete page 1 in its entirety. (Some commonly overlooked items include producer code, year established, date of bond, and obligee information)
2. The final page is the *Indemnity Agreement*. A checklist of 4 questions will help remind you of the key items that need to be addressed:
 - **Did you date the form (directly above the signatures)?**
 - **If the applicant is a Corporation, Partnership or LLC, is the respective name entered with the corresponding signature of the President (or authorized officer) immediately below? (Seals should be used, as appropriate)**
 - **If the applicant is an individual, did he/she sign the form and provide his/her Social Security Number?**
 - **Did a witness sign the form attesting to the authenticity of the Indemnitors' signature?**

Lost Securities

Commercial Surety Application



Complete this application in its entirety.
Application must be SIGNED, WITNESSED and DATED.

General Information Questions

Type of Bond (describe purpose) _____
 (Attach a copy of the bond form, if available)

Agency Name: King Insurance & Surety
RO/Agency Code: 45/452289 **Sub Producer Code:** _____ **Bond Number:** _____
Agency City: Cuyahoga Falls **Agency State:** Ohio

Bond Amount: \$ _____ **Effective Date of Bond:** _____ **Bond Term, if known:** _____
 # of years

Applicant is: (select one) Individual Partnership C-Corp S-Corp LLC _____

Applicant (Principal): _____
 Name to appear on Bond, if different from Applicant: _____

Applicant's Address: _____
 Applicant's Business Description or Latest Occupation: _____
 Number of Years in Business: _____

SS#: _____ - _____ Fed Tax ID: _____ U.S. Citizen? No Yes
 Business Phone: _____ Fax No.: _____ Email: _____

Obligee – party requiring the bond (required): _____
 Obligee Address: _____

Billing Method: Agency Bill Direct Billed – full payment Direct Bill TABS Account
 TABS Account No.: _____

Billing Address, if different from Applicant's Address: _____

Underwriting Questions

(required for all Applicants)

Does the Applicant have any other Surety bonds in force with any other Surety company?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has another Surety company declined to write this or any previous bond?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever had a bond involuntarily terminated or cancelled?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has there ever been a claim or legal action against any bond executed on your behalf?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you or any of your companies declared bankruptcy or become insolvent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been convicted of a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

(If you answered Yes to any of the above questions, please attach a detailed explanation.)

Present Market Value _____ Is the Bond: Open Penalty or Fixed Penalty

Description of the lost instrument or security: _____

In whose name are the instruments or securities registered: _____

Have the instruments or securities been endorsed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have the instruments or securities been assigned to another party?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are the lost instruments or securities in bearer form?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has Notice of Loss been given?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If Yes, to whom? _____ Date: _____

Has a Stop Notice been issued? No Yes

Include a completed an Affidavit. copy attached

Indemnity Agreement

The undersigned Applicant and Indemnitor(s), (all hereinafter called the Indemnitor(s)) hereby certify that the foregoing declarations made and an swers giv en ar e the tru th w ithout r eservation, and ar e made for the p urpose of in ducing the Surety to ex ecute a certain b ond or undertaking herein applied for, and any renewal, procurement, assumption, continuation or increase of t he same, or any bond of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used).

Indemnitor(s) hereby expressly authorize Hartford to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) To verify information supplied to Hartford; (b) For underwriting purposes; and (c) Upon receipt of a notice of claim or potential claim, for debt collection. Hartford may furnish copies of any and all state ments, agreements, and financial statements and any information, which it now has or may hereafter obtain concerning each of the Indemnitors, to other persons or companies for the purpose of procuring co-suretyship or reinsurance.

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself or any of its affiliates, parent, subsidiaries, co-sureties, or re-insurers, (ind ividually and collectively call ed "Hartford"), as Surety, shall execut e or pr ocure the ex ecution of the bond or undertaking hereinbefore a pplied f or, w hich b ond and application are here by re ferred to a nd made a part of t his agreem ent, the undersi gned, in consideration thereof, jointly and severally covenant and agree with Hartford as follows:

Indemnitor(s) shall pay the premiums and rene wal premiums for each bond issue d hereunder, until Hartford ha s receive d wri tten legal evidence, satisfactory to Hartford, in its sole discretion, of its discharge from all such bonds and all liability related thereto.

Indemnitor(s) agree to indemnify Hartford and save it harmless from any and all loss and expense of whatsoever kind or nature, including, but not limited to interest, court costs, attorney fees, incurred by Hartford in connection with or by reason of furnishing any bond hereunder. The undersigned Indemnitor(s) hereby agree to deposit upon demand with Hartford an amount sufficient to discharge any claim or any such bond, which deposit may be held by Hartford as collateral security against any loss or cost on this bond.

Indemnitors agree that any Oblige e on any bond written pursuant to this Agreement is specifically authorized and requested to disclose any and al l i nformation, i ncluding providing copi es of d ocuments, whet her deemed con fidential or not , requested by t he Surety i n i t's investigation of any claim. The indemnitors irrevocably appoint Hartford as their Attorney in Fact with the right but not the obligation to exercise its rights and execute or deliver any document in the name of the indemnitor deemed necessary to carry out the intent and purpose of this paragraph.

A facsimile signature of this document shall be deemed an original signature for any and all purposes.

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 AND DENIAL OF BENEFITS.

WITNESS the following signature(s) and seal(s) this day of , 20 . ←

If Indemnitor is a PARTNERSHIP , CORPORATION or LLC:

	Name of Firm/Corporation	
Witness: _____	By: _____	(Seal)
_____	Print Above Name Here	_____
<i>Print Above Name Here</i>	Title (Print)	_____

If Indemnitor is an INDIVIDUAL:

Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>

Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>

Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>

Reminder – Please make sure the application has been SIGNED, WITNESSED and DATED in the appropriate areas.



AFFIDAVIT

(To accompany application for Lost Securities Bond)

STATE OF

} ss:

COUNTY OF

Know All Men by These Presents, That , of deponent, being duly sworn deposes and says:

That said deponent is the lawful owner of certain securities more particularly described as follows:

(Give complete description of the lost securities: if a stock Certificate, give number and state for how many shares.)

That the said securities were endorsed. (If endorsed, describe the exact manner of endorsement.)

That neither the said securities nor the rights of the deponent in the said securities have in whole or in part, been sold, assigned, endorsed, transferred, hypothecated, pledged or otherwise disposed of, or any interest therein, in any manner whatsoever;

That the deponent is entitled to the full exclusive possession of the said securities;

That (Describe in detail the circumstances surrounding the loss or destruction of the securities.)

That said deponent hereby requests to issue new or duplicate securities in lieu of the securities so lost or destroyed and hereby agrees in consideration of the issue of said new or duplicate securities to hold its respective transfer agents and as Registrar and its and their successors and assigns harmless against any loss or damage sustained by reason of the issue of such new or duplicate securities or the refusal to make transfer of the lost securities.

It is understood that the word "securities" mentioned herein shall mean one or more than one particular instrument or document as above described.

Subscribed and sworn to before me this day of ,

(Signature of Deponent)

Notary Public