Nielson, Mosholder & Associates

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$50,000 HEALTH STUDIOS BOND –
AS LOW AS $800(*) PER YEAR IF YOU QUALIFY

(*)Plus 1% Catastrophe Fund mandated by the Office of Insurance Regulation Statute 215.555

QUALIFICATIONS:

THREE YEARS IN BUSINESS, CLEAN CREDIT REPORT ON ALL OWNERS, COPY OF MEMBERSHIP AGREEMENT, BUSINESS FINANCIAL STATEMENT THAT MEETS OUR UNDERWRITING CRITERIA.

TO APPLY FOR YOUR BOND, PLEASE COMPLETE THIS FORM. ALL OWNERS MUST SIGN WHERE INDICATED AND HAVE THEIR SIGNATURES WITNESSED AND NOTARIZED. ATTACH A COPY OF THE MEMBERSHIP AGREEMENT YOU USE AS WELL AS YOUR LATEST BUSINESS FINANCIAL STATEMENT. IF YOUR BUSINESS FINANCIAL IS COMPILED OR AN IN-HOUSE STATEMENT, PLEASE ALSO FURNISH ASSET VERIFICATION. IF YOUR STATEMENT IS CPA REVIEWED, WE DO NOT NEED ASSET VERIFICATION. *PLEASE FAX ALL OF THESE ITEMS TO SEE IF YOU QUALIFY*.

Your quote will be provided upon receipt of all underwriting documents

APPLICATION:

NAME OF BUSINESS: _____
BUSINESS ADDRESS: _____ **CITY**_____ **STATE**_____
ZIP_____**BUSINESS PHONE NO:** _____**BUSINESS FAX NO:** _____
YEAR BUSINESS STARTED: _____ **EFFECTIVE DATE OF BOND:** _____
OTHER LOCATIONS: _____
PREVIOUS BONDING COMPANY: _____**HAS A SURETY COMPANY PAID ANY CLAIMS FOR YOU IN THE PAST:** _____ **DETAILS:** _____
AGENCY CODE NUMBER ASSIGNED BY CONSUMER SERVICES: _____

THE APPLICANT HEREBY AGREES:

In Consideration of the execution by the Surety, of the bond herein applied for the undersigned, hereinafter called the Indemnitor, agrees: **First**, to pay the premium at the Surety's manual rates for the first year and annually in advance thereafter until said Surety is furnished with evidence satisfactory to it of the termination of its liability under the bond; **Second**, to indemnify the Surety against all loss, liability, costs, damages, attorney's fees and expenses whatever, which the Surety may sustain or incur by reason or in consequence of having executed said bond or any continuances, enlargements, modifications or renewal thereof or any new bond issued in continuation thereof or as a substitute therefore, Vouchers or any other evidence of payment by the Surety or any loss, liability, cost, damages, attorney's fees and expenses whatever sustained by it by reason of the execution of said bond or in producing its release from future liability under said bond shall be prima facie evidence of the fact and extent to the Indemnitors' liability to the surety; **Third**, the Surety shall have the right, and is hereby authorized, but not required to adjust, settle, compromise any claim, demand, suit or judgment, upon said bond unless the undersigned requests the Surety to litigate such claim or demand, or defend such suit, or to appeal from such judgment, and shall deposit with the surety collateral satisfactory to it in kind and amount; **Fourth**, that the Surety shall have the absolute right to procure its release from future liability under said bond under any law for the releases of sureties, and the Surety is hereby released from any damages that may be sustained by the Indemnitor by reason of such release; **Fifth**, that a representative of the Surety will be permitted at any time to examine the assets covered by the bond; **Sixth**, that the above agreements shall bind me and my heirs, executors, administrators, successors and assigned, jointly and severally.

The applicant hereby agrees as follows: The surety is authorized to conduct a credit investigation of the applicant(s) and listed affiliates.

Dated this _____ day of _____, _____.

By:_____
Witness above, type name: _____

By: **X**_____
Signature of President/Owner of Business
Type name & Title of above: _____

STATE OF _____)
COUNTY OF _____)
On this _____ day of _____, in the year of _____, before me personally come(s) _____ To me known, who, being by me duly sworn, deposes and says that _he resides in the City of _____ That _he is the _____ of the _____, the corporation described in and which executed the foregoing instrument; that s/he knows the seal of the said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that s/he signed h__ name thereto by like order.

(SEAL)

_____
NOTARY PUBLIC

By: _____
Witness

By: **X**_____
Individual Owner's typed name: _____
Home address: _____
SS # _____ Driver's License No: _____
Home Phone No: _____

STATE OF _____)
COUNTY OF _____)
On this _____ day of _____, in the year of _____, before me personally come(s) _____ to me known and known to me to be the person(s) who (is) (are) described in and who executed the foregoing instrument and acknowledge(s) to me that _he_ executed the same.

_____
NOTARY PUBLIC

By: _____
Witness

By: **X**_____
Individual Owner's typed name: _____
Home address: _____
SS # _____ Driver's License No: _____
Home Phone No: _____

STATE OF _____)
COUNTY OF _____)
On this _____ day of _____, in the year of _____, before me personally come(s) _____ to me known and known to me to be the person(s) who (is) (are) described in and who executed the foregoing instrument and acknowledge(s) to me that _he_ executed the same.

_____
NOTARY PUBLIC

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.

FIRST YEAR PREMIUM IS FULLY EARNED