

Nielson, Mosholder & Associates

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STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES \$5,000 MOBILE HOME INSTALLER BOND ANNUAL PREMIUM \$226.95

Premium includes 1.3% Catastrophe Fund mandated by the Office of Insurance Regulation Statute 215.555

Individual's Name (Complete name as it appears on your license): _____

Business Name: _____

Applicant's Address: _____ City: _____ State: _____ Zip: _____

Business Phone No: _____ Business Fax No: _____ Home No: _____

Is Applicant U.S. Citizen: _____ License No: _____ Years Experience: _____

Have you ever declared bankruptcy? Yes No

Are you the Trustee, Trustor, or Beneficiary of any Trust? Yes No

Do you have any pending or prior IRS liens against you? Yes No

Do you have any lawsuits pending against you? Yes No

Do you have any unresolved and/or un-repaid surety claim(s)? Yes No

If you answered yes to any of the above questions, please attach explanation and fax in for approval.

Effective date of Bond: _____

AGREEMENT OF INDEMNITY – READ CAREFULLY AND SIGN

The undersigned Applicant and Indemnitor(s) all hereinafter called the Indemnitor(s) hereby certify that the foregoing declarations made and answers given, are the truth without reservation, and are made for the purpose of inducing TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, One Tower Square, Hartford, Connecticut 06183 for itself and its affiliates, parents and subsidiaries hereinafter called Surety to issue the bond(s) or undertaking(s) applied for and any renewal and increase of the same or of any bond(s) or undertaking(s) of similar nature given in substitution or renewal thereof (all comprehended in the word "bond(s)" or "Undertaking(s)" as herein used). The Indemnitor(s) agree that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring liability whatsoever to the Indemnitor(s). In consideration of the Surety executing said bond(s) or undertaking(s) or the forbearance of cancellation of any bond(s), the Indemnitor(s) do undertake and agree as follows: To pay the Surety all premiums when due and annually in advance of each renewal thereafter, until the Indemnitor(s) shall serve upon the Surety, at its said office, competent written legal evidence satisfactory to the Surety, of it being duly discharged from such bond or undertaking. Indemnitor(s) hereby expressly authorize company to access its credit records and to make sure pertinent inquiries as may be necessary from third party sources for the following purposes: (a) to verify information supplied to Company; (b) for underwriting purposes; and (c) upon establishment of a reserve, for debt collection. The Indemnitor(s) will at all times indemnify, and keep indemnified, the Surety, and hold and save it harmless from and against any and all damages, loss, costs, charges and expenses or whatsoever kind or nature, including counsel and attorney's fees, whether incurred under retainer or salary or otherwise, which it shall or may, at any time, sustain or incur by reason or in connection with furnishing any bond or undertaking. To deposit with the Surety on demand an amount sufficient to discharge any claim made against the Surety on the bond(s) or undertaking(s). This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss or costs on the bond(s) or undertaking(s).

Regardless of the date of signature(s), this indemnity agreement is effective as of the date of execution of aforementioned bond(s) or undertaking(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein. A duplicate or facsimile copy or electronic reproduction of the original document shall have the same force and effect as the original.

Please sign and have each original signature witnessed by someone not already signing:

WITNESS; The following signature(s) this _____ day of _____, 20_____.

By: X _____
Witness

By: X _____
Applicant print name: _____
SS # _____
Driver's License No: _____

By: X _____
Witness

By: X _____
Spouse print name: _____
SS#: _____

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. Laura D. Mosholder #A185646

Revised 1/1/2011

PREMIUM IS FULLY EARNED