



IFIC Agency Code:	
Agency Name:	
Producer Name:	
Agency City, State:	
Agency Bill or Direct Bill?	<input type="checkbox"/> Agency <input type="checkbox"/> Direct

One Newark Center, 20th Floor Newark NJ 07102-5702 1-800-333-4167 (973)624-7200 www.ific.com

## Commercial Surety Multi-Purpose Bond Application

Bond No. \_\_\_\_\_

### Bond Information:

<input checked="" type="checkbox"/> License & Permit	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Public Official	<input type="checkbox"/> Fiduciary (Probate)
<input type="checkbox"/> Lost Instrument	<input type="checkbox"/> Other:		
Description of Bond (purpose):			
Bond Amount:	Effective Date:	Bond Term:	

### Applicant Information:

<input checked="" type="checkbox"/> Applicant (Principal on Bond):					
Name to appear on bond (if different):					
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> C-Corp	<input type="checkbox"/> S-Corp	<input type="checkbox"/> LLC/LLP	<input type="checkbox"/> Other:
Applicant's Address:					
Billing Address (if different):					
Applicant's Class of Business:			Years in Business:		
Applicant's Social Security Number:			Business Tax ID:		
Applicant's Business Phone:			Fax Number:		
Applicant's E-mail Address:					
Obligee (party requiring the bond):					
Obligee's address:					

### General Questions (all applicants):

<input checked="" type="checkbox"/> Does the Applicant have any other Surety bonds in force? <input type="checkbox"/> Yes <input type="checkbox"/> No
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
Has there ever been a claim or legal action against any bond executed on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your companies have any pending lawsuits, unsatisfied judgments or liens? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of your companies declared bankruptcy or become insolvent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to any questions above, please explain below:

**LICENSE, PERMIT, or MISCELLANEOUS BONDS:**

Has the Applicant continuously been in business under the current name and ownership for at least three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the bond guarantee the performance of a specific contract or agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please attach a copy of the contract.
Does the bond cover any type of environmental or pollution exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the bond guarantee the payment of taxes, fees, wages or payment of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No

**LOST INSTRUMENT BONDS:**

Present Market Value:	<input type="checkbox"/> Open Penalty <input type="checkbox"/> 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"/> Yes <input type="checkbox"/> No		
Have the instruments or securities been assigned to another party? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the lost instruments or securities in bearer form? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has a Stop Notice been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Notice of Loss been given? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, to whom?	Date:

**PUBLIC OFFICIAL BONDS:**

<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	Position Title:
Have you held this position before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when?
Do you or your subordinates handle money or securities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much is handled annually?
Does an external CPA annually audit the financial accounts and fund balances? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the total number of employees you directly or indirectly supervise?	

**FIDUCIARY BONDS:**

Applicant's Age:	Applicant's Net Worth:				
<input type="checkbox"/> Active <input type="checkbox"/> Retired	How long have you been with your current employer?				
On what date were you appointed by the court?					
Name of the Estate?	Is there a will? <input type="checkbox"/> Yes <input type="checkbox"/> No (attach copy)				
What is your relationship with the deceased/incompetent/minor/beneficiary?					
Are you indebted to the estate of the deceased/incompetent/minor/beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, in what amount?	Terms of Repayment?				
Attorney's Name:					
Attorney's Law Firm Name:					
Attorney's Address:					
Court jurisdiction where bond will be filed:					
Is there an ongoing business? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, provide details:	
Total inventory/value of assets (including cash, securities, & real estate):					
Cash:		Securities:		Real Estate:	
Beneficiaries (list below):					
	Name	Age	Relationship to Deceased	Share of Estate	State of Residence
1.					
2.					
3.					
4.					

X

**Indemnity Agreement**

The Undersigned hereby declares the truth of the representations herein, and that they are made to induce INTERNATIONAL FIDELITY INSURANCE COMPANY, (hereinafter called Surety) to issue the Bond(s) applied for. The Undersigned agrees that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability whatsoever to the Undersigned. In consideration of the issuance of the Bond(s) herein applied for, or any Bond(s) in substitution for or in succession of the said Bond(s), or any increase or extension of time of the said Bond(s), the Undersigned hereby agrees:

- (1) To hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms and corporations in order to confirm and verify information referred to or listed herein;
- (2) To pay to the Surety the agreed premium upon execution of the Bond(s) and annually in advance thereafter;
- (3) To furnish the Surety with satisfactory and conclusive termination evidence that there is no further liability on the Bond(s);
- (4) To perform all the conditions of said Bond(s) and will indemnify and save the Surety harmless from all demands, losses, costs, damages and expenses, including attorney's and counsel fees deemed necessary by the Surety, which Surety may sustain or incur by reason of the issuance of such Bond(s), or obtaining a release of or evidence of termination under such Bond(s);
- (5) To deposit with Surety on demand an amount sufficient to discharge any claim made against the Surety on said Bond(s). This sum may be used by surety to pay such claim or be held by Surety as collateral against loss or cost on said Bond(s);
- (6) That the Surety shall have the exclusive right to adjust, settle or compromise any claim under such Bond(s) unless the Undersigned shall in writing provide the surety with a viable defense, request the Surety to litigate such claim, and shall deposit immediately with the Surety collateral satisfactory to the Surety in kind and amount;
- (7) That the voucher or other evidence showing payment made by the Surety in good faith by reason of such Bond(s) or any renewal, extension or substitution thereof shall be conclusive and in any event prima facie evidence of such payment and the propriety thereof and of the liability of the Undersigned therefore to the Surety;
- (8) The Undersigned further agrees to reimburse the Surety for all expenses, counsel and attorney fees incurred by the Surety in enforcing any provision of this agreement: and
- (9) That this Agreement shall constitute a Security Agreement to the Surety and also a Financing Statement, both in accordance with the provisions of the Uniform Commercial Code of every jurisdiction wherein such Code is in effect and may be so used by the Surety without in any way abrogating, restricting or limiting the rights of the Surety under this Agreement or under law, or in equity.
- (10) The Undersigned agree that this document and any and all bonds issued by the Surety will be subject to the terms of the Uniform Electronic Transactions Act ("UETA"), to the extent that the UETA has been adopted by the State legislature in the relevant jurisdiction, and any and all substantially similar federal or state legislation designed to regulate electronic commerce.

Regardless of the date this Indemnity Agreement is signed, it is effective as of the date of execution of the above mentioned Bond(s) pursuant to certain promises, and agreements made by the Undersigned.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**APPLICANT**

Name of Applicant: \_\_\_\_\_

Social Security Number/Tax I.D.: \_\_\_\_\_

X \_\_\_\_\_

Witness Sign Here

X \_\_\_\_\_

Applicant Sign Here

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If Applicant is an Entity, Print Name and Title of Signatory

**ADDITIONAL INDEMNITORS**

Name of Applicant: \_\_\_\_\_

Social Security Number/Tax I.D.: \_\_\_\_\_

X \_\_\_\_\_

Witness Sign Here

X \_\_\_\_\_

Applicant Sign Here

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If Applicant is an Entity, Print Name and Title of Signatory

Name of Applicant: \_\_\_\_\_

Social Security Number/Tax I.D.: \_\_\_\_\_

X \_\_\_\_\_

Witness Sign Here

X \_\_\_\_\_

Applicant Sign Here

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If Applicant is an Entity, Print Name and Title of Signatory