

Nielson, Mosholder & Associates

4380 St. Johns Parkway, Suite 110, Sanford, FL 32771
1 800-839-6675 or (407) 688-9385 x11 Fax (407) 330-3949

Laura D. Mosholder #A185646

STATE OF FLORIDA

\$10,000 PAWNBROKER BOND

3 YEAR PREPAID PREMIUM OF \$198.55

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

TO QUALIFY YOU MUST HAVE A CLEAN CREDIT REPORT

ALL OWNERS AND SPOUSES NEED TO SIGN AND HAVE THEIR SIGNATURES WITNESSED

PLEASE FAX COMPLETED APPLICATION TO SEE IF YOU QUALIFY

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____ CITY _____ STATE _____

ZIP: _____ BUSINESS PHONE NO: _____ BUSINESS FAX NO: _____

HOME NO: _____ YEAR BUSINESS STARTED: _____ OTHER LOCATIONS: _____

PREVIOUS BONDING COMPANY: _____ LICENSE NUMBER: _____

HAS A SURETY COMPANY PAID ANY CLAIMS FOR YOU IN THE PAST: _____ DETAILS: _____

EFFECTIVE DATE OF BOND _____

By signing this application you are giving authorization to our agent to obtain credit reports on all Indemnitor(s)

Indemnity Agreement

The undersigned hereby declare that the statements made herein are true and correct, and are made to induce the Surety to execute, renew or continue a bond or bonds (hereinafter referred to as the "Bonds"). In consideration of the execution, renewal or continuation by the Surety of the Bonds, the Undersigned, jointly and severally, agree as follows: To pay the premium for the first year and annually in advance thereafter as long as liability shall continue under the Bonds, or any continuation or renewal thereof, or substitute therefore; 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 of executing the Bonds, in making any investigation on account thereof, in prosecuting or defending any action which may be brought in connection therewith, in obtaining a release therefrom, and in enforcing any of the agreements herein contained; That the Surety shall have the right, and is hereby authorized, to investigate, adjust, settle or compromise any claim, demand, suit or judgment upon the Bonds; To deposit with the Surety, upon demand, an amount sufficient to discharge any claim on the Bonds; To waive, and here does waive, all right to claim any property, including homestead, exempt from levy, execution, sale or other legal process under the law of any state or states; That the Surety shall be under no obligation to execute, renew or continue any bond, and shall have the absolute right to cancel the Bonds, or any of them, in accordance with any cancellation provision contained therein, or to procure its release from any bond under any law for the release of sureties, and Surety is hereby released from any damage that may be sustained by the undersigned by reason of such cancellation or release; The Undersigned's obligations under this Agreement may only be terminated by sending written notice to the Surety. Such notice shall be effective twenty (20) days after receipt of the notice of termination, but in no event shall such notice operate to modify, bar, or discharge the Undersigned as to the Bonds that may have been executed before the effective date of termination; That this Agreement shall be binding upon the Undersigned and each of them whether signing as applicant for the bond or as indemnitor, and upon their respective heirs, executors, administrators, successors and assigns, and shall be liberally construed as against the Undersigned.

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

Dated this _____ day of _____, _____

By: X _____
Witness above, type name: _____

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

By: X _____
Witness

By: X _____
Owner's typed name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Social Security No: _____

By: X _____
Witness

By: X _____
Spouse's typed name: _____
Social Security No: _____

By: X _____
Witness

By: X _____
Owner's typed name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Social Security No: _____

By: X _____
Witness

By: X _____
Spouse's typed name: _____
Social Security No: _____

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.