

Nielson, Mosholder & Associates

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FLORIDA DEPARTMENT OF INSURANCE \$50,000 PUBLIC ADJUSTER

Two Year Prepaid Premium \$379.88

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

TO QUALIFY YOU MUST HAVE A CLEAN CREDIT REPORT - FAX BACK COMPLETED APPLICATION FOR APPROVAL

Name: _____ Social Sec. # _____

Home Address: _____ City _____ State _____ Zip _____

Business Address: _____ City _____ State _____ Zip _____

Business Phone # _____ Business Fax # _____ Home Phone# _____

Will this bond be for the Apprentice Program? Yes No Who will you be working with? _____

Previous Bonding Company _____ Reason for Changing _____

Has a Surety Company Paid Any Claims For You In The Past? Yes No If Yes Please Attach An Explanation _____

Years In Business _____ Effective Date _____

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:

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

By: X _____

By: X _____

Witness print name _____

Applicant print name _____

Home Address _____

City _____ State _____ Zip _____

SS# _____ Drivers License# _____

By: X _____

By: X _____

Witness print name _____

Spouse print name _____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime *and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. *State of NY only. Laura D. Mosholder #A185646

PREMIUM IS FULLY EARNED