

Nielson, Mosholder & Associates  
4380 ST JOHNS PKWY #110  
SANFORD, FL 32771  
407-688-9385 x11 FAX 407-330-3949

# Important

## Commercial Surety Application

### Public Official Bond

#### Instruction Sheet

We have created an instruction sheet to assist you in completing this application. Please refer to this sheet before sending the Commercial Surety Application back to The Hartford. It will help avoid any delays in processing your application due to missing information.

1. Please complete page 1 in its entirety. (Some commonly overlooked items include producer code, year established, date of bond, and obligee information)
2. The final page is the *Indemnity Agreement*. A checklist of 4 questions will help remind you of the key items that need to be addressed:
  - **Did you date the form (directly above the signatures)?**
  - **If the applicant is a Corporation, Partnership or LLC, is the respective name entered with the corresponding signature of the President (or authorized officer) immediately below? (Seals should be used, as appropriate)**
  - **If the applicant is an individual, did he/she sign the form and provide his/her Social Security Number?**
  - **Did a witness sign the form attesting to the authenticity of the Indemnitors' signature?**

\*Please fax completed application to 407-688-9350

# Public Official Bond

## Commercial Surety Application



**Complete this application in its entirety.  
Application must be SIGNED, WITNESSED and DATED.**

### General Information Questions

Type of Bond (describe purpose) \_\_\_\_\_ (Attach a copy of the bond form, if available)

Agency Name: Nielson, Mosholder & Associates      4380 St Johns Pkwy #110, Sanford FL 32771

RO/Agency Code: 21-229753      Sub Producer Code: \_\_\_\_\_      Bond Number: \_\_\_\_\_

Agency City: Sanford      Agency State: Florida

Bond Amount: \$ \_\_\_\_\_      Effective Date of Bond: \_\_\_\_\_      Bond Term, if known: \_\_\_\_\_ # of years

Applicant is: (select one)     Individual     Partnership     C-Corp     S-Corp     LLC    other

Applicant (Principal): \_\_\_\_\_

Name to appear on Bond, if different from Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Business Description or Latest Occupation: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

SS#: \_\_\_\_\_      Fed Tax ID: \_\_\_\_\_      U.S. Citizen?     No     Yes

Business Phone: \_\_\_\_\_      Fax No.: \_\_\_\_\_      Email: \_\_\_\_\_

Obligee – party requiring the bond (required): \_\_\_\_\_

Obligee Address: \_\_\_\_\_

Billing Method:     Agency Bill     Direct Billed – full payment     Direct Bill TABS Account

TABs Account No.: \_\_\_\_\_

Billing Address, if different from Applicant's Address: \_\_\_\_\_

### Underwriting Questions

(required for all Applicants)

Does the Applicant have any other Surety bonds in force with any other Surety company?       No       Yes

Has another Surety company declined to write this or any previous bond?       No       Yes

Have you ever had a bond involuntarily terminated or cancelled?       No       Yes

Has there ever been a claim or legal action against any bond executed on your behalf?       No       Yes

Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens?       No       Yes

Have you or any of your companies declared bankruptcy or become insolvent?       No       Yes

Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action?       No       Yes

Have you ever been convicted of a felony?       No       Yes

(If you answered Yes to any of the above questions, please attach a detailed explanation.)

Were you:     Elected     Appointed    Position Title \_\_\_\_\_

Effective Date: \_\_\_\_\_    Expiration of Term: \_\_\_\_\_    Or     Term is indefinite

Have you held this position before?       No       Yes

If Yes, when? \_\_\_\_\_

*If you have not held this position previously and the bond amount is greater than \$100,000, attach a copy of your resume*       copy attached       No       Yes

Do you or your subordinates handle money or securities?       No       Yes

If so, how much is handled annually? \_\_\_\_\_

Does an external CPA annually audit the financial accounts and fund balances?       No       Yes

*If the bond amount is greater than \$250,000, provide copy of latest fiscal year-end statement*       copy attached

*If the bond amount is greater than \$250,000 provide a Designation of Depository*

Total number of employees you directly or indirectly supervise: \_\_\_\_\_

## Indemnity Agreement

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 the Surety to execute a certain bond or undertaking herein applied for, and any renewal, procurement, assumption, continuation or increase of the same, or any bond of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used).

Indemnitor(s) hereby expressly authorize Hartford to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) To verify information supplied to Hartford; (b) For underwriting purposes; and (c) Upon receipt of a notice of claim or potential claim, for debt collection. Hartford may furnish copies of any and all statements, agreements, and financial statements and any information, which it now has or may hereafter obtain concerning each of the Indemnitors, to other persons or companies for the purpose of procuring co-suretyship or reinsurance.

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself or any of its affiliates, parent, subsidiaries, co-sureties, or re-insurers, (individually and collectively called "Hartford"), as Surety, shall execute or procure the execution of the bond or undertaking hereinbefore applied for, which bond and application are hereby referred to and made a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with Hartford as follows:

Indemnitor(s) shall pay the premiums and renewal premiums for each bond issued hereunder, until Hartford has received written legal evidence, satisfactory to Hartford, in its sole discretion, of its discharge from all such bonds and all liability related thereto.

Indemnitor(s) agree to indemnify Hartford and save it harmless from any and all loss and expense of whatsoever kind or nature, including, but not limited to interest, court costs, attorney fees, incurred by Hartford in connection with or by reason of furnishing any bond hereunder. The undersigned Indemnitor(s) hereby agree to deposit upon demand with Hartford an amount sufficient to discharge any claim or any such bond, which deposit may be held by Hartford as collateral security against any loss or cost on this bond.

Indemnitors agree that any Oblige on any bond written pursuant to this Agreement is specifically authorized and requested to disclose any and all information, including providing copies of documents, whether deemed confidential or not, requested by the Surety in it's investigation of any claim. The indemnitors irrevocably appoint Hartford as their Attorney in Fact with the right but not the obligation to exercise its rights and execute or deliver any document in the name of the indemnitor deemed necessary to carry out the intent and purpose of this paragraph.

A facsimile signature of this document shall be deemed an original signature for any and all purposes.

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF BENEFITS.**

**WITNESS the following signature(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.** ←

*If Indemnitor is a PARTNERSHIP, CORPORATION or LLC:*

Name of Firm/Corporation

(Seal)

Witness: \_\_\_\_\_

By: \_\_\_\_\_

*Print Above Name Here*

\_\_\_\_\_  
*Print Name and Title*

**If Indemnitor is an INDIVIDUAL:**

By: \_\_\_\_\_

Witness: \_\_\_\_\_

*Indemnitor*

*Print Name Above*

\_\_\_\_\_  
*Print Name, Address and Social Security No.*

Witness: \_\_\_\_\_

*Indemnitor*

*Print Name Above*

\_\_\_\_\_  
*Print Name and Social Security Number of Above*

Witness: \_\_\_\_\_

*Indemnitor*

*Print Name Above*

\_\_\_\_\_  
*Print Name and Social Security Number of Above*

**Reminder – Please make sure the application has been SIGNED, WITNESSED and DATED in the appropriate areas.**