

BONDS *Express*

1937 Teall Ave., Syracuse, NY 13206

Phone: 1-800-331-5453 Fax: 1-877-824-8668

Info@BondsExpress.com

COURT BOND APPLICATION NOTES

- All Court Bond Applications require good personal credit (a credit score of 675 or higher), court documentation, and the services of an attorney.
- The Court Bond approval process typically takes 1 business day, but in some instances, the approval process can take 2 business days.
- There are no Court Bond programs for those with open bankruptcies.
- All Court Bonds (except Probate Court Bonds: Administrator, Executor, Conservator, Estate, Fiduciary, Guardianship, Trustee and Probate) require 100% collateral.
- Financial documentation may be required for some Court Bond types.
- Please fill out all fields on this application – if a field is not filled out it may delay your approval.
- If you have any questions, do not hesitate to contact our office.

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APPLICATION FOR BOND

Applicant (For partnership, give full names of Partner,; and trade names) Please print		Social Security #	Age	Married <input type="checkbox"/> Single <input type="checkbox"/>
Residence Address				
f (Street and Number)		(City)	(State)	(zip)
Business Address				
(Street and Number)		(City)	(State)	(zip)
Occupation or business	How long so engaged?	Previous Surety <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and reason for change.		
Type of Bond	Amount of Bond	Effective Date		
\$				
Complete name and address of Obligee				

FINANCIAL STATEMENT as of _____
Check applicable section on the reverse side to see whether a financial statement is necessary.
 Check one: Business Financial Statement Personal Financial Statement

ASSETS			LIABILITIES		
Cash (List Banks) _____			Accounts Payable _____		
Stocks + Bonds - Describe _____			Taxes due & accrued _____		
Notes Receivable - Describe _____			Notes Payable to Bank _____		
Merchandise or Material in Stock _____			Notes Payable to Others (Describe) _____		
Accounts Receivable _____			Mortgage on Real Estate _____		
Real Estate, Homestead _____			Mortgage on Real Estate _____		
Real Estate, Investment _____			Other Liabilities - Describe _____		
Furniture and Fixtures _____			TOTAL LIABILITIES		
Other Assets - Describe _____			Capital Stock (Paid in) _____		
TOTAL ASSETS			NET WORTH OR SURPLUS		
			TOTAL Liabilities and Net Worth		

Gross Sales Two Years Ago _____ Last Year _____ Net Income Two Years Ago _____ Last Year _____

INDEMNITY

The undersigned applicant and indemnitors hereby request Western Surety Company (the "Company") to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information and, to obtain additional information from any source, and jointly and severally agree:

- (1) To pay the usual premiums, including renewal premiums, to the Company or its agents, when due.
- (2) **To completely INDEMNIFY the Company from and against any liability, loss, cost, attorney's fees and expenses whatsoever which the Company shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for applicant, (it for the enforcement of this agreement, or in obtaining a release or evidence of termination under such bonds; regardless of whether such liability, loss, costs, damages, attorneys' fees and expenses are caused, or alleged to be caused, by the negligence of the Company,**
- (3) To furnish the Company with satisfactory and conclusive termination evidence that there is no further liability on this bond or any other bond issued for applicant.
- (4) Upon Demand by the company for any reason whatsoever, to deposit current funds with the company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship,
- (5) That the Company shall have the right to handle or settle any claim or suit in good faith. An itemized statement of loss and expense incurred by the company, sworn to by an officer of the company shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company),
- (6) That the Company may decline to become surety on any bond and may cancel or amend any bond, without cause, and, without any liability which might arise therefrom.
- (7) That the Company shall, without notice, have the right to alter the penalty terms, and conditions of any bond issued for undersigned, and this agreement shall apply to any such altered bond.
- (8) that if a contract or performance bond is issued hereunder, the undersigned hereby assign to the company, any monies now due or hereafter becoming due under the contract, including all deterrred payments and retained percentage, supplies, tools, plants, equipment and materials due or used on the contract, and
- (9) At the Company's discretion, this indemnity agreement shall be governed in all respects by the laws of the State of South Dakota and the undersigned applicant and indemnitors consent to the jurisdiction of the court, of the State of South Dakota and the United States District Court for the District of South Dakota in all actions or proceedings arising from or relating to this indemnity agreement,
- (10) That this indemnity may be canceled as to subsequent liability by an indemnitor upon written notice to the Company at Sioux, Fall., South Dakota 57102. effective ten (10) days after the earliest date thereafter upon which the Company could have canceled all bonds in force for applicant.
- (11) In the event of are payment he the Company, to pay the Company interest on such amounts at the highest legal rate from the date such payments are made

Signed this _____ day of _____ 20____

Agency	6 cbXg'9l dfYgg		
Address	1937 Teall Ave.		
	Street		
Syracuse	NY	13206	
	City	State	Zip
Agent's Code	31	17458	

X _____
X _____
X _____

Note: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting.

(800) 331-5453 or (315) 437-4283 FAX: (877) 824-8668

AGENT: **BONDSExpress**

IMPORTANT NOTICE

Please discuss with the principal the potential use of personal credit history to facilitate the underwriting review process.

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PUBLIC OFFICIAL BOND

NO FINANCIAL STATEMENT NECESSARY.
HAVE PRINCIPAL SIGN APPLICATION IF \$75,000 OR MORE.

Net Worth: \$	Elected <input type="checkbox"/> Appointed <input type="checkbox"/>	Date:	Term of Office:	Premium will be paid: <input type="checkbox"/> Annually? <input type="checkbox"/> for term?
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FIDELITY BOND

NO FINANCIAL STATEMENT NECESSARY.

Title of Position		Main Sources of Organization's Funding		
Purpose or Function of Organization				
Annual Salary	Will applicant sign checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is countersignature required? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?	Regular audits? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom?	
Are bank accounts reconciled by someone not authorized to deposit or withdraw from the accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ever discharged from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Why?		
Last position held? Reason for leaving?		How long in present position?	Applicant's net worth: \$	

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PROBATE BOND

NO FINANCIAL STATEMENT NECESSARY.
HAVE PRINCIPAL SIGN THIS APPLICATION.

Name of deceased (Ward)	Date of death	Date of appointment (If over 6 months, please explain delay.)	Is applicant indebted to the estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain on an attached sheet.)
Has applicant had prior possession of estate assets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
Name and address of attorney (If none, do not write the bond; submit it to our underwriters.)			Telephone #
Will the attorney remain involved throughout the duration of this estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assets of estate or trust (describe)		
Name, age, and health status of <input type="checkbox"/> minor(s) <input type="checkbox"/> incompetent	Applicant's relationship to <input type="checkbox"/> deceased <input type="checkbox"/> ward(s)		Applicant's net worth: \$
Are guardianship funds to be used for support of ward? <input type="checkbox"/> Yes <input type="checkbox"/> No Approximately how much per month? _____ (Please send copy of court order authorizing monthly expenditures.)		What is the source of the guardianship funds? (If an insurance settlement, do not execute the bond; instead refer it to an underwriter.)	
Who are the heirs of this estate?			Has anyone objected to the applicant's appointment as fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will any going business (excluding farms) of the estate be continued by fiduciary? (If yes, send a copy of court order.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this bond required on the demand of an interested person? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?	
Name and address of court:			
What is the applicant's experience in handling fiduciary responsibilities?			

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REFEREE'S
 RECEIVER'S
 TRUSTEE'S
BOND

NO FINANCIAL STATEMENT NECESSARY.
HAVE PRINCIPAL SIGN THIS APPLICATION.

Plaintiff	Name and address of principal's attorney		
Defendant	Name and location of Court	Applicant's net worth: \$	

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COURT BOND OTHER THAN 3 AND 4

FINANCIAL STATEMENT NECESSARY.
HAVE PRINCIPAL SIGN THIS APPLICATION.

Name and location of Court	Name of Defendant
Name and address of attorney	If an Injunction or Restraining Order bond, does applicant anticipate a foreclosure or collection action against him? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, submit for underwriting.
Explain purpose of bond (submit copy of relevant documents)	

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LICENSE AND PERMIT BOND

FINANCIAL STATEMENT NECESSARY WHERE STATE IS THE OBLIGEE.
HAVE PRINCIPAL SIGN THIS APPLICATION.

Net worth: \$	General liability insurance carried? <input type="checkbox"/> Yes <input type="checkbox"/> No (Give limits)	State license number assigned to applicant, if applicable: #
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LOST SECURITIES/ CERTIFICATE OF TITLE BOND

FINANCIAL STATEMENT NECESSARY.
HAVE PRINCIPAL SIGN THIS APPLICATION.

Serial Number and description (Please submit a copy or sample of the form it was on.)		Date of instrument	Payable to applicant only? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who is it payable to?
Are securities endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe manner of loss		Has notice of loss been given? <input type="checkbox"/> Yes <input type="checkbox"/> No When? To Whom?
If registered, in whose name?	If a check, has payment been stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?	If a deed of trust or note, has either been involved in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a judgment obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Make	Vehicle Model	Vehicle Year	Vehicle VIN
Is there a lien or lien holder? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list and explain.			

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