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COUNTER REPLEVIN BOND APPLICATION

Please Note: This application is for individual applicants or individual owners of a corporation. If applicant wishes to use a corporate indemnity only, prior approval is necessary. All information requested in this application must be complete for Applicant and 3rd Party Indemnitors. Include full business names(s), full legal names of all owners, partners, or stockholders, Social Security numbers, complete street addresses with zip codes, and phone numbers with area codes.

PLEASE TYPE OR PRINT LEGIBLY

☐ Individual ☐ Partnership ☐ LLC ☐ Corporation ☐ Sub-S Corporation

If a Corporation, list State and Year

Name of Applicant

SSN

Address

City

State

Zip Code

Phone Number

Applicant's Attorney

email

Address

City

State

Zip Code

Phone Number

Fax Number

Name of Obligee (Who is requiring bond)

Obligee's Address

City

State

Zip Code

Amount of Claim or Debt

Bond Amount

Bond to be Filed in

County

State

Case Number

Briefly describe property in question.

Is the claim secured by UCC filing or other written agreement?

How did Defendants right to possession arise?

FINANCIAL STATEMENT

Attach accountant's Financial Statement, including Profit & Loss Statement. If none available, complete below.

Statement of Applicant's Assets and Liabilities as of: (Date)

Cash (Including Savings)

Stocks and Bonds

Notes Receivable

Real Estate (Fair Mkt. Value)

All Other Assets

Total Assets

Notes Payable

Credit Card Balance

All Taxes Payable

Mortgages Payable

All Other Liabilities

Total Liabilities

Net Worth (TA- TL)



INDEMNITY AGREEMENT

If 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 part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with Surety as follows: 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 Surety to execute a certain bond or undertaking herein applied for, and any renewal, continuation or increase of the same, or any bond of a similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used), and in consideration of Surety executing said bond or bonds or undertaking, do undertake and agree as follows:

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

The Indemnitor(s) agree to indemnify Surety and save it harmless from all loss and expense, including, but not limited to interest, court costs, attorney and counsel fees, incurred by Surety by reason of any claims against Surety under any such bond.

The undersigned Indemnitor(s) hereby agree that if any or all of them are required to provide a Letter of Credit, or any other form of collateral or security, in regard to the execution of a bond or bonds issued by Surety, then such Letter of Credit or other collateral or security shall name as beneficiary, or shall be pledged to or placed in the possession of, any entity or party that Surety shall designate. Any such designation shall be made upon the written direction of Surety, and at the sole discretion of Surety.

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 may be guilty of a felony.

Dated

***If filing on behalf of a **CORPORATION**, bond requires a third party indemnity of a **MAJOR SHAREHOLDER**.

Signed By:

IF APPLICANT is an **INDIVIDUAL**, sign here:

IF **THIRD PARTY INDEMNITOR(S)**, sign here: In consideration of Surety executing the bond hereinabove applied for, I join in the foregoing indemnity agreement.

Signature :

Full Name SSN

Address

City State Zip Code