

# Important

## Commercial Surety Application

### License & Permit/Miscellaneous

#### 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?**

Completed application can be submitted using button on last page.

Please note that a properly executed app (signed, witnessed and dated) will be needed for bond issuance. Signed application can be faxed to: 877-257-2166.

You can also send original application with signatures to the following address for filing:

National Surety & Fidelity Office

P.O. Box 958461

Lake Mary, FL 32795

# License & Permit/Miscellaneous

## 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:** \_\_\_\_\_  
 RO/Agency Code: \_\_\_\_\_ Sub Producer Code: \_\_\_\_\_ Bond Number: \_\_\_\_\_  
 Agency City: \_\_\_\_\_ Agency State: \_\_\_\_\_

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

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

**Applicant (Principal):** \_\_\_\_\_  
 Name to appear on Bond, if different from Applicant: \_\_\_\_\_  
 Applicant's Business 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  
 Billing Address, if different from Applicant's Address: \_\_\_\_\_ TABS Account No: \_\_\_\_\_

### Underwriting Questions

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.)**

Has the Applicant continuously been in business under the current name and ownership for at least three years?  No  Yes

Does the bond guarantee the performance of a *specific* contract or agreement? .....  No  Yes  
 If Yes, attach a copy of the contract or agreement.  copy attached

Does the bond cover any type of environmental or pollution exposure? .....  No  Yes

Does the bond guarantee the payment of taxes, fees, wages or payment of any type? .....  No  Yes

## 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:** \_\_\_\_\_

*Print Above Name Here*

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

Print Above Name Here

Title (Print)

**If Indemnitor is:**  **Individual** (need Social Security)  **3rd-Party Individual** (need Social Security)  **3rd-Party Company** (need FEIN)

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

*Print Name Above*

**Indemnitor:** \_\_\_\_\_

*Print Name, Title, Social Security or FEIN # of above*

**If Indemnitor is:**  **Individual** (need Social Security)  **3rd-Party Individual** (need Social Security)  **3rd-Party Company** (need FEIN)

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

*Print Name Above*

**Indemnitor:** \_\_\_\_\_

*Print Name, Title, Social Security or FEIN # of above*

**If Indemnitor is:**  **Individual** (need Social Security)  **3rd-Party Individual** (need Social Security)  **3rd-Party Company** (need FEIN)

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

*Print Name Above*

**Indemnitor:** \_\_\_\_\_

*Print Name, Title, Social Security or FEIN # of above*

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

# Submit Form Online

## CONTACT INFORMATION (required)

Your Name:

Email Address:

Phone Number:

## DIRECTIONS

- In order to submit electronically, application form needs to be opened in Adobe Acrobat Reader (version 8 or higher).
- Internet email programs will **not** work with this feature.
- Other submission options: Save, Print and Fax to: **877-257-2166** or Email to: **bondbcssubmit@thehartford.com**
- Do **not** hit Submit more than once, you will receive confirmation
- After submitted, you will be contacted to complete the process.
- Any questions, call: 888-656-0817

## DISCLAIMER

By your use of the document, you are agreeing to the following:

- The Hartford does not warrant that the document will be free from viruses. You assume the entire cost of any necessary service, repair or correction.
- Communication of information over the internet is not guaranteed to be secure. The Hartford does not assume any responsibility for any harm, loss, or damage you may experience or incur by the sending of personal or confidential information over the internet.
- The Hartford is not responsible for any versions of the document that have been manipulated, altered or revised from the version of the document that appears on [www.hartfordbond.com](http://www.hartfordbond.com).

The Hartford means the property and casualty companies of The Hartford.

IF YOU DO NOT AGREE TO ANY OF THE ABOVE, DO NOT USE THE ELECTRONIC DOCUMENT.

Completion of the application in no way binds The Hartford to provide coverage for either coverages requested or for coverages not requested on such application.