

Important

Business Service Surety Bond Application

Instruction Sheet

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

1. Please complete the document in its entirety.
2. The bottom half of the document 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. Underwriter will contact you on how to deal with signatures. Signed application can be faxed to: 877-257-2166.

You can also send original application with signatures to the following address for filing:
The Hartford Bond Center
P.O. Box 958461
Lake Mary, FL 32795

APPLICATION AND INDEMNITY AGREEMENT FOR A BUSINESS SERVICE SURETY BOND



Agency Name: _____ Agency Code: _____

Billing Method:	Agency Billed	Direct Billed	
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Principal Name: _____

Business Address: _____
Street Address
City, State
Zip Code

Predominant nature of your business activity: _____

How long in this business? (Indicate Dates) _____

Bond Limit Requested?(\$100,000 MAXIMUM) \$ _____

1. Does the Applicant have any other Surety bonds or fidelity policies in force with any other Surety company? No Yes
2. Has another Surety company declined to write this or any previous bond or fidelity policy? No Yes
3. Have you ever had a bond or fidelity policy involuntarily terminated or cancelled? No Yes
4. Has there ever been a claim or legal action against any bond or fidelity policy executed on your behalf? No Yes
5. Do **you** or any of **your** companies have any pending lawsuits, unsatisfied judgments or liens? No Yes
6. Have **you** or any of **your** companies declared bankruptcy or become insolvent? No Yes
7. Have **you** or any of **your** companies been the subject of any legal or administrative proceedings resulting in disciplinary action? No Yes
8. Have **you** ever been convicted of a felony? No Yes

Indemnity Agreement

This application is not for a Fidelity Bond or Policy. I understand that I am primarily liable for any loss under this Bond.

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).

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.

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.

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.

Dated and effective this ____ day of _____, 20____.

Individual Partnership C-Corp LLC _____

Witness: _____

Individual/Officer/Member/Partner

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: **bondbcsu**submit**@thehartford.com**
- Do **not** hit Submit more than once, you will receive confirmation
- After submitted, the Hartford Bond Center will contact you to complete the process.
- Any questions, call the Hartford Bond Center: 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.

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.