



MISCELLANEOUS BOND REQUEST FOR: _____
(type of bond) (amount)

PLEASE SUBMIT THE FOLLOWING:

_____ **Application (enclosed) [Miscellaneous , Lost Instrument, Court, Probate or Fidelity]**
Complete the entire for as applicable.

_____ **General Agreement of Indemnity – FORTHCOMING UPON PLACEMENT**
Corporate officers must sign and seal along with principals and spouses signing.

_____ **Bank Statement (Business and Personal)**
Provide the last month's bank statements for each business and personal account. Also, provide verification of marketable securities.

_____ **Business Financial Statement**
Year-End Financial Statement is required. If the Year-End Financial Statement is more than six months old, a current Business Financial Statement is also required (Balance Sheet and Profit & Loss Statement). If a new business, please provide an opening Balance Sheet, if available.

_____ **Personal Financial Statement (enclosed)**
Required for individual applicant and/or all partners and/or all stockholders. Personal Statements must be current and signed by the principal and spouse. ENCLOSED FORM MUST BE SIGNED along with Social Security numbers, and may be attached to Personal Financial Statement completed on a different form.

_____ **Tax Returns**
Most recently prepared tax returns are required for business and principals.

_____ **Bond Form**
Please submit any special bond forms that may be provided.

_____ **Collateral**
If collateral is required, forms will be provided.

_____ **Check payable to Security Bond Associates, Inc., in the amount of \$ _____, upon approval.**

The information requested herein is necessary to seek approval of surety credit. The submission of this information in no manner assures that any requested bond will be approved or provided. A complete and accurate submission is necessary to request surety approval. **INCOMPLETE INFORMATION DELAYS THE UNDERWRITING PROCESS**



Burton Harris
FLA Resident Agent
No. A111883

10131 S.W. 40th Street, Miami, Florida 33165-3947
Phone: (305)552-5414 • Fax: (305)226-7876

Agent _____

Address _____

Phone _____ Fax _____

ALL PURPOSE APPLICATION – MISCELLANEOUS SURETY BONDS

APPLICANT

(Must be completed for all bonds, if applicant is a business)

Applicant's Full Name _____ Federal I.D. Number _____

Business Address (street) _____ (city) _____ (state) _____ (zip) _____
(as it is to appear on bond)

Business Phone () _____ Fax () _____ Type of Business _____ Date Established _____

Sole Proprietor Partnership Corporation

Business Insurance Liability Limits \$ _____

Prop. Damage Limits \$ _____

Insurance Company Name: _____

If the answer to any of the following is "yes", please attach a full explanation.

YES NO EVER FAILED IN BUSINESS? YES NO EVER BONDED BEFORE?
(Surety? When?)

YES NO EVER FILED BANKRUPTCY? YES NO ANY PENDING LAW SUITS?

BUSINESS REFERENCES

Name Acct. No. Address Phone

Bank _____ ()

Credit _____ ()

INDEMNITOR

(Must be completed for all bonds)

Names of Owner of Business and/or Individual Applicant _____

Social Security Number _____ Date of Birth _____ U.S. Citizen YES NO

Home Address (street) _____ (city) _____ (state) _____ (zip) _____

Home Phone Number _____ How long at the above address? _____ Rent/Own _____

Employer's Name, Address & Phone _____

RESUME

Education: _____

Previous Employment: _____ From: _____ To: _____

Previous Employment: _____ From: _____ To: _____

LICENSE & PERMIT, MISCELLANEOUS BOND

Nature of Bond Required (Attach bond form if possible) _____

Obligee (To Whom bond is to be given) _____

Obligee's Address (street) _____ (city) _____ (state) _____ (zip) _____

Amount of Bond \$ _____ Effective Date _____ Term of Bond _____

Has applicant been declined by another surety YES NO (If yes, explain) _____

IN ADDITION, PLEASE PROVIDE: Indemnity (Upon approval) Personal Financial Statement of Principals
Business Financial Statement (Year-end) Bank Authorizations (Business & Personal)

LOST INSTRUMENT BOND

Obligee (Whom bond is in favor of - Bank's name if cashier's check) _____

Address (street) _____ (city) _____ (state) _____ (zip) _____ Phone: _____

Nature of Lost Instrument _____ Serial Number _____

If a Bond or Note: give maturity date _____

If Stock Certificate: Number of shares _____ par value each share \$ _____

Present market value of each share \$ _____ Transfer Agent: _____

In whose name is Instrument Registered _____

If cashier's check, remitter of check _____

If Check or Note, to whom payable _____

Their Address _____ Relationship to you _____

Date of issue of Lost Instrument _____ Was check endorsed? _____

Present Value of Instrument _____ Amount of Bond required \$ _____

Date obligee first notified that instrument was lost _____ Name of person you talked to _____

Have you placed a Stop-Payment Order with the obligee _____ On What date? _____ If not, Why? _____

GIVE A FULL EXPLANATION FROM THE BEGINNING TO THE PRESENT TIME OF HOW THE ITEM BECAME LOST.

I (WE) lost the above described item in the following manner: _____

Witness _____ By Applicant _____ Date _____

IN ADDITION, PLEASE PROVIDE

- (1) Copy of Lost Instrument and/or correspondence pertaining to lost instrument,
- (2) Affidavit from recipient acknowledging the Lost Instrument has not been received and if found will be returned.
- (3) Letter from Bank verifying that Cashier's Check has not been cashed.
- (4) Indemnity (Upon approval)
- (5) Financial Statement of Applicant

In accordance with Section 817.23(1)(b), Florida Statutes: "Any person who knowingly and with intent to injure, defraud, or deceived any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

COURT BOND

Type of Bond _____
Amount of Bond required \$ _____ Amount of claim or judgment \$ _____
Title of Action _____
Bond filed or to be filed in _____ Court, _____ County, _____ State _____
Names, addresses and telephone numbers of attorneys:
For Plaintiff: _____ **For Defendant:** _____
_____ () _____ ()

IN ADDITION, PLEASE PROVIDE:

For Plaintiff's Bond: Indemnity (Upon approval)
Financial Statement of Applicant
Bond form prepared by Attorney
Copy of Complaint

For Defendant's Bond: Indemnity (Upon approval)
Collateral required (forms and explanation provided upon request.)
Bond Form prepared by Attorney
Copy of Court Order

PROBATE BONDS

Date of your appointment _____ Court Number _____
Bond filed in _____ Court, _____ County, _____ State _____
Name, address, telephone of attorney _____ ()
Has any bond been filed in this estate before? _____ (If yes, explain) _____ (Surety Name) _____
Have you theretofore had possession of any assets of this estate? _____
Are you indebted to the estate? _____ (If yes, explain) In what amount? _____
Is there an ongoing business in the estate? _____ (if yes, explain) _____
Will the applicant agree to joint control? _____
Name of Depository Institutions _____

ADMINISTRATORS AND EXECUTORS

Name of deceased _____ Date of Death _____
In what business or occupation was decedent engaged? _____
Was a will found? _____ (if yes, attach copy) _____
List below all parties interested as heirs at law, devisees, legatees or distributees:
Name Ages Relationship To Deceased Address

What is the value of the estate? _____ Cash _____ Securities _____
Miscellaneous _____ Real Estate _____
Total Debts of Estate _____

GUARDIANS AND CONSERVATORS

Title of Case _____
List below each Beneficiary of Trust, Minor or Incompetent giving the age and address of each.
If it is an incompetent's estate list the names and addresses of the probate heirs of the incompetent:
Name Age or Date of Birth Address

What is the relationship between Application and Wards? _____
What is the value of the estate? _____ Cash _____ Securities _____
Miscellaneous _____ Real Estate _____

BONDS OF TRUSTEES UNDER WILL

Title of Case as Docketed _____
List below the age, name and address of each Beneficiary of Trust
Name Age or Date of Birth Address

What are the assets of the estate? _____ Cash _____ Securities _____
Miscellaneous _____ Real Estate _____

BOND OF RECEIVERS, ASSIGNEES AND TRUSTEES TO SELL/RECEIVERS AND TRUSTEES IN BANKRUPTCY

Title of Case as Docketed or name of Bankruptcy _____
State if assets are to be converted into cash for distribution among creditors, or if reorganization of company is expected _____

IN ADDITION, PLEASE PROVIDE FOR PROBATE BONDS:

- (1) Indemnity (Upon approval)
- (2) Financial Statement of Applicant
- (3) Bond Form prepared by Attorney
- (4) Copy of Petition for Appointment
- (5) Copy of Court Order Appointing Applicant

The undersigned authorizes Security Bond Associates, Inc. to request from any credit reporting agency any further information necessary in the course of the course of their investigation.

SIGNED BY (Applicant) **X** _____ DATE _____

Please read instructions carefully when completing Bond submission. Additional information may be required upon underwriting.
In accordance with Section 817.23(1)(b), Florida Statutes: "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 is guilty of a felony of the third degree."

PERSONAL FINANCIAL STATEMENT

Confidential

TO: _____ Social Security Number _____ Date of Birth _____
 Name: _____ - - - - - / /
 _____ Social Security Number _____ Date of Birth _____
 Spouse: _____ - - - - - / /

Residence Address: _____ City: _____ State: _____
 Previous Residence Address: _____ City: _____ State: _____

The following is submitted for the purpose of procuring, establishing and maintaining credit with you on behalf of the undersigned or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned.

Completed as of _____, 20____

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE "NO" OR "NONE" WHERE NECESSARY

ASSETS	In Even Dollars			LIABILITIES	In Even Dollars		
Cash in banks				Notes Payable to banks - secured			
Marketable Securities - see Schedule A				Notes Payable to banks - unsecured			
Non-Marketable Securities - see Schedule E				Due to brokers			
Securities held by broker in margin accounts				Amounts payable to others - secured			
Restricted or controlled stocks				Amounts payable to others - unsecured			
Partial Interest in Real Estate Equities - see Schedule D "market value"				Accounts and Bills due			
Real Estate Owned - see Schedule C "market value"				Unpaid Income Tax			
Loans Receivable				Other unpaid taxes and interest			
Automobiles and other personal property				Real Estate mortgages payable - see Schedule C "total mortgage due"			
Cash Value - life insurance - see Schedule B				Other Debts - itemize:			
Other assets - itemize:							
				TOTAL LIABILITIES			
				NET WORTH			
TOTAL ASSETS				TOTAL LIABILITIES AND NET WORTH			

Are all bad and doubtful assets excluded from this statement? _____ If no, explain: _____

Income Taxes settled through what date? _____ Additional Assessments \$ _____

ANNUAL SOURCE OF INCOME	PERSONAL INFORMATION
Salary, bonus & commissions \$	Do you have a will? If Yes, name of Executor.
Dividends	
Real Estate Income	Are you a partner or officer in any other venture?
Other Income	
	Married Age Minor Children
	Single Other Dependents
TOTAL \$	
CONTINGENT LIABILITIES	GENERAL INFORMATION
Do you have any contingent liabilities? If Yes, give details.	Are any assets pledge?
As endorser, co-maker or guarantor \$	Are you a defendant in any suits or legal actions?
On leases or contracts \$	
Legal Claims \$	Personal bank accounts carried at:
Other special debt \$	
Amount of contested income tax liens \$	Have you ever taken bankruptcy? Explain:
	Have any companies you were an officer of or partner in ever failed or taken bankruptcy? Explain:

(COMPLETE SCHEDULES AND SIGN ON NEXT PAGE)

SCHEDULE A – U.S. GOVERNMENTS AND MARKETABLE SECURITIES

No. of Shares or Face Value (Bonds)	Description	In Name of	Market Value

SCHEDULE B – LIFE INSURANCE CARRIED, INCL. GROUP INSURANCE

Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans

SCHEDULE C - REAL ESTATE OWNED

Description of Property and Improvements	Date Acquired	Title in Name of	Cost	Market Value	Total Mortgage due	
					Amount	Maturity

SCHEDULE D - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Location of Property	% of Ownership	Type	Yr. of Purch.	Cost (C) or Market (M)	Mortgage	Value of Equity

SCHEDULE E – NON-MARKETABLE SECURITIES

Description of Securities	No. of Shares Owned	Dated:	Book Value Per Financial Statement	No. of Shares Outstanding	Total Value

SCHEDULE F – NAMES OF BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name	Date	High Credit	Owe Currently	Secured or Unsecured

The undersigned certifies that both sides hereof and the information inserted has been carefully read and is true, correct and complete. In addition, Security Bond Associates, Inc. and/or Bond Investigations, Inc. are hereby authorized to request from any credit reporting agency any information that Security Bond Associates, Inc. and/or Bond Investigations Inc. may feel necessary in the course of their investigation.

SIGNATURE: _____
Principal

_____, 20____
DATE SIGNED

SIGNATURE: _____
Spouse

State of _____

Subscribed and sworn to before me this _____ day of _____ 20____

County of _____

Notary Public

(Use Additional Schedules When Necessary)