



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. 40<sup>th</sup> 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 \_\_\_\_\_  
(as it is to appear on bond)  
Business Address (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_  
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, (4) Indemnity (Upon approval)
- (2) Affidavit from recipient acknowledging the Lost Instrument has not been received and if found will be returned. (5) Financial Statement of Applicant
- (3) Letter from Bank verifying that Cashier's Check has not been cashed.

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."

**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**

<b>ASSETS</b>	<b>In Even Dollars</b>			<b>LIABILITIES</b>	<b>In Even Dollars</b>		
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:							
				<b>TOTAL LIABILITIES</b>			
				<b>NET WORTH</b>			
<b>TOTAL ASSETS</b>				<b>TOTAL LIABILITIES AND NET WORTH</b>			

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

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

<b>ANNUAL SOURCE OF INCOME</b>	<b>PERSONAL INFORMATION</b>
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
<b>TOTAL</b> \$	
<b>CONTINGENT LIABILITIES</b>	<b>GENERAL INFORMATION</b>
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)