

You need to fill out the application and fax back to 344-3103.

Sign Indemnitor after each signature on bottom right hand side of page (if you are married your spouse needs to sign too) and if you are a corporation have the President sign twice once with President after his name and another time with Indemnitor after his name.

If you have any questions please give me a call at 344-7277 or 1-800-523-8421.

Thank You,
Melinda Bolivar



RLI Surety
A Division of RLI Insurance Company

<input type="checkbox"/> Check here if correspondence was previously faxed to RLI	
RLI Insurance Company	IL Fax #: (309) 692-8637
To: _____	TX Fax #: (972) 241-6225
From: _____	WA Fax #: (425) 672-3993
	FL Fax #: (941) 926-4751
Bond No.	RLI Code

License and Permit Federal or Miscellaneous Application

APPLICANT INFORMATION	Applicant (for partnership, give full names of partners and trade name)				Telephone Number	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
	Address		City	State	Zip	How long in Business
Nature of Business or Occupation		Previous Bonding Company		Reason for changing Bonding Company		
BOND INFORMATION	Type of Bond		Amount of Bond		Effective Date	
	Complete Name and Address of Obligee				Telephone Number	Is this an existing Account? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL INFORMATION	Separate personal information must be completed by each partner or corporate owner. Use the reverse side for additional partners or corporate owners.					
Individual's Name				Social Security No.	Date of Birth	Net Monthly Income
Spouse's Name			Social Security No.	Spouse's Employer		Net Monthly Income
Residence Address	City		State	Zip	How long at current address? Yrs./Mos.	How long at previous address? Yrs./Mos.
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment	Purchase Date	Purchase Price		Current Value	Loan Balance(s)

INDEMNIFICATION AGREEMENT **Signature Instructions: Sole Proprietorship** - Owner must sign below. If married, spouse should also sign. **Partnership** - Each Partner and his or her spouse should sign below. **Corporation** - An authorized officer (President or Secretary) should sign below on behalf of the corporation indicating his or her corporate title. **Owner** - All Owners should sign below the corporate signature only writing the word "Indemnitor" after their names.

I agree to indemnify RLI Insurance Company (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree:

- 1) To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage.
- 2) To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including any legal fees and expenses.
- 3) To hold harmless and indemnify Surety from any and all liability, damages, loss, costs and expenses of every kind, including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and/or issuance of the bond.
- 4) To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made.
- 5) That Surety has the exclusive right to defend, settle, pay, or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety.
- 6) That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon.
- 7) To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself.
- 8) That a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement.
- 9) This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.

AGENCY INFORMATION	Agency Name: _____
	Agency Code: _____
	Address: _____

	Agent's Phone: _____
	Agent's Fax: _____

Signed this ____ day of _____, ____.

AGENT'S RECOMMENDATION:

We are not very familiar with this applicant.

We are familiar with applicant and are aware of no adverse information about him/her.

We know applicant very well and offer our highest recommendation.

Comments:

PERSONAL INFORMATION										
Individual's Name					Social Security No.		Date of Birth		Net Monthly Income	
Spouse's Name					Social Security No.		Spouse's Employer		Net Monthly Income	
Residence Address				City		State	Zip	How long at current address? Yrs./Mos.		How long at previous address? Yrs./Mos.
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Payment		Purchase Date		Purchase Price		Current Value		Loan Balance(s)

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Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Payment		Purchase Date		Purchase Price		Current Value		Loan Balance(s)