

2	License, Permit and Miscellaneous Bonds
Has the Applicant continuously been in business under the current name and ownership for at least three years? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If the Applicant is a business, has it been in business at the same location for at least 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If the Applicant is an individual, have you resided at your current address for at least 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you carry any insurance that affirmatively responds to the bonded obligation? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide details _____	
Does the bond guarantee the performance of a <i>specific</i> contract or agreement? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, attach a copy of the contract or agreement. <input type="checkbox"/> copy attached	
Does the bond cover any type of environmental or pollution exposure? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the bond guarantee the payment of taxes, fees, wages or payment of any type? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, <u>and</u> the bond is greater than \$25,000 <u>and</u> the Applicant is a business, attach a copy of the last 2 fiscal year-end financial statements. <input type="checkbox"/> copies attached If Yes, <u>and</u> the bond is greater than \$25,000 <u>and</u> the Applicant is an individual, attach the most recent financial statement. <input type="checkbox"/> copy attached	

3	Lost Instrument Bonds
Present Market Value _____ Is the Bond: <input type="checkbox"/> Open Penalty or <input type="checkbox"/> Fixed Penalty	
Description of the lost instrument or security: _____	
In whose name are the securities or instruments registered: _____	
Have the securities or instruments been endorsed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have the securities or instruments been assigned to another party? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are the lost securities or instruments in bearer form? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Has Notice of Loss been given? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, to whom? _____ Date: _____	
Has a Stop Notice been issued? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If the bond's value exceeds \$50,000, complete an Affidavit. <input type="checkbox"/> copy attached	

4	Public Official Bonds
<input type="checkbox"/> Elected <input type="checkbox"/> Appointed Position Title _____	
Effective Date: _____ Expiration of Term: _____ or <input type="checkbox"/> Term is indefinite	
Have you held this position before? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, when? _____ <i>If you have not held this position previously and the bond amount is greater than \$100,000, attach a copy of your resume.</i> <input type="checkbox"/> copy attached	
Do you or your subordinates handle money or securities? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, how much is handled annually? _____	
Does an external CPA annually audit the financial accounts and fund balances? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If the bond amount is greater than \$250,000, provide copy of latest fiscal year-end statement.</i> <input type="checkbox"/> copy attached	
Total number of employees you directly or indirectly supervise: _____	

FAX Application to: (877) 577-1722 or (209) 954-0800
 or Email to: bonds@sanguinettico.com
 or Mail to: Sanguinetti & Co. Ins., 7337 Pacific Ave. Stockton CA 95207-1924

5 **Fiduciary Bonds**

Applicant's Age: _____ Applicant's Net Worth: _____
 How long have you been with your current employer? _____ Active or retired? _____
 Date of your appointment: _____ Name of Estate: _____
 What is your relationship (personal and/or financial) with the deceased/incompetent/minor/beneficiary?
 Are you indebted to the estate of the deceased/incompetent/minor/beneficiary? No Yes
 If Yes, in what amount and what are the terms of repayment: _____
 Attorney's name and address: _____
 Court jurisdiction (Obligee) in which bond will be filed: _____
 Is there an ongoing business? No Yes
 If Yes, provide details: _____
 Inventory of the Assets: Cash: _____ Securities: _____ Real Estate: _____ Other: _____
Attach a copy of the Will, Trust or Court Order for ALL bonds greater than or equal to \$100,000.

5a **Continue for Administrator, Executor, Personal Representatives, etc.**

Date of Death: _____
 Is the estate insolvent? No Yes
 Are there any disputes among the heirs? No Yes

Name of Heirs/Beneficiaries	Age	Relationship to the deceased	Share of the Estate	Residence (state)

5b **Continue for Guardianship, Conservatorship, Trustee, etc.**

This is in regard to a: Minor *and/or* Incompetent Beneficiary Age: _____
 Will any assets be under court restrictions? No Yes
 If Yes, provide details: _____
 Will joint control be used to restrict expenditures or distributions of assets? No Yes
 Will professional accounting, investment or legal services be provided on an ongoing basis? No Yes
 Does the presiding court require that an annual accounting be filed? No Yes
 Is the estimated duration of the bond anticipated to be longer than 3 years? No Yes

6 **Receiver, Bankruptcy Trustee, Assignee Bonds**

Debtor: _____
 Address: _____
 Type of Action: Liquidation Reorganization Receiver of Rents Other
 Do you carry Fidelity coverage? No Yes
 If Yes, in what amount? _____ Carrier: _____
 Do you carry Professional Liability or E & O coverage? No Yes
 If Yes, in what amount? _____ Carrier: _____
Attach copy of Court Order, Judgment and/or other documents Copies attached

7 **Court: Judicial Bonds**

Judgment / Claim Amount: _____
 Type of Action: _____
 Case Number: _____ Court Jurisdiction: _____
 Attorney's name and address: _____
 Summary of the Action: _____
 Does the case involve a domestic dispute? No Yes
Attach a copy of Court Order, Judgment and/or other supporting documents Copies attached
If the bond is greater than \$25,000 and the Applicant is a business, attach a copy of the last 2 fiscal year-end financial statements. Copies attached
If the bond is greater than \$25,000 and the Applicant is an individual, attach a copy of the most recent financial statement. Copies attached

The applicant(s) and the Indemnitor(s), if any, hereby authorize the company to obtain credit reports and histories and to confirm the bank balances claimed, and all other items on any balance sheet or income statement furnished until all liability of The Hartford for any suretyship or claim obligations expire.

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, 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 and its affiliates, parent and subsidiaries, individually and collectively called The 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 The Hartford as follows:

The Indemnitor(s) will pay the premiums and renewal premiums for each bond issued hereunder, until the Surety has received written legal evidence, satisfactory to the Surety, of its discharge from all such bonds and all liability related thereto.

The Indemnitor(s) agree to indemnify the Surety and save it harmless from all loss and expense, including, but not limited to interest, court costs, attorney fees, incurred by the Surety by reason of any claims against the Surety under any such bond.

The undersigned Indemnitor(s) hereby agree to deposit upon demand with the Surety an amount sufficient to discharge any claim or any such bond.

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 APPLICANT is an individual:

Witness: _____	Signature _____
(print above name here) _____	(print above name here) _____
Witness: _____	Signature _____
(print above name here) _____	(print above name here) _____

If APPLICANT is a partnership or corporation:

Witness: _____	Name of Firm/Corporation _____ (Seal)
(print above name here) _____	By (Signature) _____
	(print above name here) _____
	Title (print) _____

Third Party Indemnitors: (including personal indemnitors of S-Corporations)

In consideration of the Surety executing the bond hereinabove applied for, we jointly and severally join in the foregoing indemnity agreement.

Witness: _____	Signature of Indemnitor _____ (Seal)
(print above name here) _____	SS or Fed ID # _____
Witness: _____	Signature of Indemnitor _____ (Seal)
(print above name here) _____	SS or Fed ID # _____
Witness: _____	Signature of Indemnitor _____ (Seal)
(print above name here) _____	SS or Fed ID # _____

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