



(DO NOT SEPARATE APPLICATION INTO TWO PARTS)

"Company" means as interest(s) may appear, the Old Republic Surety Company, any and/or all subsidiary(ies), and/all parent company(ies) of Old Republic Surety Company, and/or any affiliated company(ies) within the Old Republic International General Insurance Group, as well as/or any and/all reinsuring surety(ies), co-surety(ies) and any surety(ies) which have been procured to execute the bond(s), their successors or assigns.

(CHECK ONE)

Bond executed by Agent

Company to execute Bond

TO ASSURE PROMPT SERVICE MAKE CERTAIN ALL APPLICABLE AREAS ARE COMPLETED IN FULL

AGENCY Sanguinetti & Co. Ins. SOLICITING AGENT Rick Mena	AGENCY CODE NO. 31-1070	BOND NO.
---	---------------------------------------	----------

MULTIPURPOSE BOND APPLICATION

PROBATE-PUBLIC OFFICIAL-LICENSE-COURT-LOST SECURITIES-FIDELITY-OTHER

COMPLETE QUESTIONS 1-8 IN ALL CASES PLUS APPROPRIATE SECTION FOR TYPE OF BOND REQUESTED. COMPLETE QUESTIONS 9 WHERE REQUIRED.

Application is hereby made to the Company for a bond of suretyship, in the penalty of \$ _____

1. Name of applicant _____ Social Security No. _____
 Effective date _____, _____
 Name of Obligor _____ Address _____
 Type of bond requested _____
2. Business Address _____ Zip _____ Business Tel. _____
 No. _____
 Residence Address _____ Zip _____ Residence Tel. _____
 No. _____
3. Description of applicant's business _____ Employer (if applicant is individual) _____
 How long engaged therein? _____
4. Are you liable as endorser or surety for others? _____
5. Are there any lawsuits, judgments or liens pending against you? _____
6. Are you interested in any other line of business? _____
7. What surety company previously executed your bonds? _____ 7a. Reason for change? _____
8. Have you or any of your companies declared bankruptcy? _____ If so, give full particulars on separate sheet.
9. Financial statement of applicant as of _____, _____

NOTE - If a corporation, provide last fiscal year end financial statement including balance sheet, income statement and notes.

Statement for:

Personal

Business

Combined

WHERE REQUIRED, ATTACH CURRENT FINANCIAL STATEMENT OR COMPLETE THE FOLLOWING

ASSETS	LIABILITIES	
Cash in _____ Bank <small>(Name bank)</small>	Notes payable _____ Bank <small>(Name bank)</small>	
Cash in _____ Bank <small>(Name bank)</small>	Due _____ How secured? _____	
Cash in office, including check for deposit _____	Notes payable _____ Bank <small>(Name bank)</small>	
Stocks, bonds, etc. (market value) consisting of _____	Due _____ How secured? _____	
_____	Other notes payable _____ <small>(Name to Whom payable)</small>	
Notes receivable _____	Due _____ How secured? _____	
Due _____ How secured? _____	Borrowed or due on stock and bonds _____	
Accounts receivable _____	Accounts payable _____	
Less than 30 days old \$ _____	Not past due \$ _____	
30-60 days old \$ _____	Past due \$ _____	
Over 60 days old \$ _____	Reserve for income and excess profits taxes _____	
Merchandise, inventories, etc. (at cost) _____	Other liabilities, if any, consisting of _____	
Equipment (conservative value) _____	_____	
Real estate (give location, description and appraised value of each parcel)	Mortgage(s) on equipment _____	
1. _____	Real estate mortgages (give amount on each parcel)	
2. _____	1. _____	
3. _____	2. _____	
Other assets, if any, consisting of _____	Total Liabilities	
_____	Capital stock _____	
_____	Surplus and undivided profits _____	
_____	Net Worth (if individual or partnership)	
Total Assets	Total Equity	
	Total Liabilities & Equity	

I PROBATE BONDS - COMPLETE QUESTIONS 1-9 IN ALL CASES AND SECTIONS I-A OR I-B WHERE APPROPRIATE.

1. Date of your appointment _____ Court Number _____
2. Bond filed in _____ Court of _____ County, State of _____
3. Name and Address of Attorney _____
4. Has any bond been filed in this estate before? _____ Surety Name _____
(See footnote)
5. Have you heretofore had possession of any assets of this estate? _____
(See footnote)
6. Are you indebted to the estate? _____ If so, in what amount? _____
(See footnote)
7. Is there a going business in the estate? _____
(See footnote)
8. Will the applicant agree to joint control? _____
9. Name of Depository institutions _____

NOTE - IF ANSWER TO ANY ONE OF QUESTIONS 4, 5, 6 OR 7 IS "YES" APPLICATION MUST BE SUBMITTED TO THE COMPANY FOR APPROVAL BEFORE EXECUTION OF BOND.

I-A ADMINISTRATORS AND EXECUTORS

10. Name of deceased _____ Date of death _____
11. Is there a will? _____ (if so, attach a copy.)
12. List below all parties interested as heirs at law, devisees, legatees or distributees:

NAMES	AGES	RELATIONSHIP TO DECEASED	ADDRESS

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

I-B GUARDIANS AND CONSERVATORS

14. Title of Case _____
15. 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 probable heirs of the incompetent.

NAME	AGE OR DATE OF BIRTH	ADDRESS

16. What is the relationship between Applicant and Wards? _____
17. What is the value of the estate? Cash _____ Securities _____
Miscellaneous _____ Real Estate _____

II COURT BOND

ATTACH FINANCIAL STATEMENT, OR COMPLETE THE ONE PROVIDED (QUESTION 9)

- Plaintiff _____
- Defendant _____
- Is the Applicant the Plaintiff or the Defendant? _____
- Name of Court and County _____ Case Number _____
- Name and Address of Attorney _____
- Explain purpose of bond _____

Attach copies of pertinent court papers or other documents relating to this case.

III LOST SECURITIES BOND

**ATTACH FINANCIAL STATEMENT, OR COMPLETE THE ONE PROVIDED (QUESTION 9)
ATTACH BOND FORM REQUIRED**

Serial Number and description of lost instrument _____

Date of instrument _____

If open penalty, what is current market value? _____

Describe manner of loss _____

Are securities payable to bearer? Yes No Are securities pledged, assigned or endorsed? Yes No

If registered, in whose name registered? _____

Has notice of loss been given? Yes No When? _____ To whom? _____

If the lost instrument was a check, has payment been stopped by the drawer? Yes No If so, when? _____

IV INDIVIDUAL FIDELITY BOND/PUBLIC OFFICIAL

Method of Premium Payment? Annual Prepaid (Note discount allowed on latter)

Do you live within the city limits? Yes No

How long have you been in service with present employer? _____ Years _____ Months
(Florida residents only)

Complete your employment record for the past five years (Use separate paper if necessary).

Nature of business: _____

FROM		TO		POSITION	EMPLOYER	ADDRESS
Mo.	Yr.	Mo.	Yr.			

What is your present position or title? _____ Term _____

Do you have authority to sign checks? Yes No Are checks required to be countersigned? Yes No

Do you reconcile bank statements? Yes No

If Public Official - Treasurer, have depositories been designated? Yes No

Have you ever applied or been declined application for bond? Yes No

Have you ever been short in your accounts? Yes No If answered "Yes" Explain _____

What is your Weekly? _____ Monthly? _____ Salary \$ _____

Do you have any other income? Yes No If answered "Yes" Explain _____

Conservative figure of your net worth? \$ _____

V MISCELLANEOUS BONDS INCLUDING LICENSE AND PERMIT

NO FINANCIAL STATEMENT NECESSARY FOR BOND REQUIRED BY CITY ORDINANCE
FINANCIAL STATEMENT NECESSARY FOR ALL OTHER BONDS
IF REQUIRED BY CITY ORDINANCE, ATTACH COPY OF ORDINANCE AND BOND FORM

Are you carrying Public Liability Insurance? Yes No Limits \$ _____ Property Damage Insurance? Yes No

Estimated Net Worth of Applicant \$ _____

USE THIS SPACE FOR ADDITIONAL COMMENTS

VI. INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitors, hereby certify and represent the information and statements contained in this application to be true and request the Company to become Surety for and furnish the above bond and such other bond(s) as may now or hereafter be requested on behalf of the named Applicant including any continuation, substitution, extension or alteration thereof, hereby authorizes and requests banks, materialmen or other individuals, firms or corporations, including governmental entities, to furnish any information requested concerning any transaction with the undersigned, and specifically waives any confidentiality requirements whether internal or imposed by statute, regulation, etc. Should the Company execute said bond(s), the undersigned agree as follows: (1) To pay the Company the premium as long as liability shall continue under the bond and until evidence of termination of liability is furnished satisfactory to the Company. (2) To indemnify the Company and hold it harmless against all loss, liability, costs, claim, damages, and expense internal or external of whatever kind and nature including but not limited to investigative, accounting, engineering, the fee and disbursement of counsel, including costs and fees incurred by the Surety in enforcing the terms of the agreement, whether on salary, retainer or otherwise whether pre or post judgment which the Company may sustain or incur for or by reason of said Company writing said bond(s), considering said bond(s), issuing, delivering, canceling or becoming liable on said bond(s) and/or defense of any claim brought against the company thereon, to enforce the right of the Company to any collateral taken specifically or otherwise. (3) If requested, to place the Company in funds immediately to meet any claim or demand before the Company shall be required to make payment. (4) The undersigned, and each of them, assign, transfer and convey to the Company all rights, title, interest and estate in and to all property, real, personal or mixed, tangible or intangible, wherever situated or of whatever nature and all interests and rights now owned and hereafter acquired and if sold the proceeds therefrom, the foregoing personal and mixed property to include but not be limited to all goods, consumer or otherwise, all commercial paper, negotiable or otherwise; all monies, bank accounts and deposits, checking, saving or otherwise; all warehouse receipts, bills of lading and other documents of title; all securities, investments or otherwise; all accounts, receivable or otherwise; all contract rights; all equipment, machines, tools and part(s); all furniture and fixtures; all general intangibles; all farm products; all inventory and all property described in Article 9 of the Uniform Commercial Code in which the undersigned presently have or hereafter acquire an interest, the assignment being effective as of the date hereof, unless there is no abandonment of, breach of, delay or default in the performance of the obligations contracted in or covered in such bond or of this agreement or any other agreement with the Company and no failure of the undersigned to promptly pay, discharge or satisfy any and all obligations which might constitute a claim under such bond. (5) To authorize the Company and its representatives, without notice to make schedules of all property assigned under this agreement and to attach the same thereto at any time and when attached shall by reference be incorporated herein; and in addition, shall be authorized to file or record this agreement and attachments or a copy thereof under any provision of law governing such; this document constitutes a financial statement in accordance with the Uniform Commercial Code with such additions as needed to permit its filing under such Code. (6) To irrevocably nominate and appoint the Company and its authorized representatives as attorney-in-fact with the right, but not the obligation to exercise all rights assigned, transfer and set over to the Company and in the name of the undersigned to make, execute and deliver, but not be obligated, additional documents deemed necessary to give full effect to the assignment. (7) To authorize the Company to adjust, settle or compromise any claim, demand, suit or judgment upon said bond(s) and defend such suit and appeal such judgment or at its election to have the case, cross-action or proceeding, or any part of it or them dismissed or any appeal, writ of error, certiorari or any part thereto dismissed and to fill in any blank or blanks left in this application and Indemnity Agreement. (8) To accept as prima facie evidence, voucher(s) and itemized statement(s) sworn to by officer of the Company in the event of payment by the Company. (9) To waive all right or claim to property including homestead, as exempt from levy, execution, sale or legal process under the law of any State(s) including any specific law or statute limiting the liability of the undersigned. (10) At the Company's option, monies due or to become due the undersigned from any Company in Old Republic International General Insurance Group, through insurance proceeds or bonding payments may be utilized to pay or help pay obligations incurred under this agreement as an offset. (11) In the event of any payment by the Company, Indemnitors agree to pay the Company interest at the prime rate plus 2% (unless prohibited by law, then at the maximum rate allowed) as determined by First National Bank of Chicago, Illinois.

The Company may decline to become surety on any bond of the Applicant and in case it does act as surety shall have the right to withdraw or cancel same whenever it shall see fit, without disclosing the reason on which its act is based and the Company shall not be responsible for any loss or damage that may be sustained by reason of such action. Separate actions may be brought as they accrue and that bringing of suit or recovery of judgment shall not prejudice or bar other suits on other causes of action whether before or hereafter arising. Nothing shall be construed to waive or abridge any rights or remedies which the Company might have if this instrument were not executed. The Applicant and Indemnitor(s) shall continue to be bound under this agreement even though Surety may accept or release other Agreements of Indemnity.

The Applicant agrees that this Application shall be deemed to have been made in the State of Incorporation of the Company and that the Company's acceptance thereof and performance of the Company's obligations in respect thereof shall be deemed to have taken place in the said State of Incorporation. The Company shall be entitled to enforce the Indemnity Agreement herein contained by an action, arbitration or proceeding brought in the said State of Incorporation or in the State where Company's principal office is located, and the Applicant/Indemnitor agrees that, in any such action, arbitration or proceeding he will be subject to the jurisdiction of any court of competent jurisdiction in the said State of Incorporation and in the State where the Company's principal office is located, and service of process may be made on the Applicant/Indemnitor in any manner then permitted under applicable law, and that venue shall be proper and convenient in the County in which the Company's principal office may be located. Interpretation and enforcement of the said Indemnity Agreement at the Company's option shall be governed by laws of the said State of Incorporation (excluding conflict of laws principles). For the purposes of this paragraph the principal office for the Company shall be deemed to be located in Brookfield, Waukesha County, Wisconsin.

If any provision(s) or sub-part of any provision of this Agreement is held to be void or unenforceable under the laws of the place governing its construction or enforcement, this Agreement shall not be void or unenforceable thereby, but shall continue as though such provision or sub-part of such provision were omitted.

This Agreement shall bind the undersigned, the heirs, executors, administrators, successors and assigns of the undersigned, jointly and severally.

AGREEMENT
FAIR CREDIT REPORTING ACT NOTICE This notice is given to comply with the Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable. As part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

Please be sure application is dated, witnessed or attested, signed and notarized in full.

The Agreement shall be effective this _____ day of _____, _____.

Witness or Attest:

State of _____)

County of _____)

Subscribed and sworn to before this _____ day of _____, _____.

Applicant

_____ (SEAL)

By _____
: _____ (Officers name and title if a corporation)

NOTARY ACKNOWLEDGEMENT of Applicant's Signature

_____ NOTARY PUBLIC

INDEMNITY

In consideration of the Company executing the bond or instrument herein applied for, the undersigned join or joins in the foregoing Indemnity Agreement, and agree or agrees to be jointly and severally bound thereunder, and by all of the terms, covenants, and conditions thereof; the undersigned admits and declares that it has a material, substantial, and financial interest in the performance of the obligation which the bond or instrument applied for is given to secure, or in execution of the bond or instrument applied for, and asserts that if it corporation or it partnership is fully empowered to obligate itself hereby.

WITNESS: _____

WITNESS: _____

State of _____)

County of _____)

Subscribed and sworn to before this _____ day of _____, _____.

INDEMNITORS

_____ (SEAL)

Signature _____

Address _____

Signature _____ (SEAL)

Address _____

NOTARIAL ACKNOWLEDGEMENT of Indemnitor's Signature

_____ NOTARY PUBLIC

WITNESS AND NOTARIZATION MUST BE COMPLETED FOR INDEMNITORS SIGNATURES

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of _____

On _____ before me, _____,
(Here insert name and title of the officer)

personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public (Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they~~, is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)

- Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

ARKANSAS: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

COLORADO: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

DISTRICT OF COLUMBIA: "Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

FLORIDA: "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."

HAWAII: "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

KENTUCKY: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

LOUISIANA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MAINE: "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 or denial of insurance benefits."

NEW JERSEY: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

NEW YORK: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

OHIO: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

PENNSYLVANIA: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

RHODE ISLAND: Insurer shall place on the application a warning which indicates the existence of a criminal penalty for failure to disclose a conviction for arson.

TENNESSEE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

VIRGINIA: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

WASHINGTON: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."