



THE MAIN STREET AMERICA GROUP

NGM Insurance Company • Old Dominion Insurance Company
Main Street America Assurance Company • MSA Insurance Company
Information Systems and Services Corporation

ALL-PURPOSE SURETY BOND APPLICATION

PLEASE PRINT OR TYPE

COMPLETE FOR ALL BONDS: <input type="checkbox"/> I have Executed The Following Bond:		<input type="checkbox"/> Please send me The Following Bond:		Renewal Option: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Cancelable Bonds Only)	
AGENT ATLANTIC COAST SURETY				Bond No.	
ADDRESS 1 INTERNATIONAL BLVE, MAHWAH, NJ 07495				AUTHORIZED BY	
PRINCIPAL NAME <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			NET WORTH \$	Office Use Only NF _____	
ADDRESS			SOCIAL SECURITY #	Class _____	
HAVE YOU EVER FAILED IN BUSINESS, FILED FOR PERSONAL BANKRUPTCY PROTECTION, OR HAD AN OWNERSHIP INTEREST IN A BUSINESS THAT HAS FILED FOR BANKRUPTCY PROTECTION? HAVE YOU EVER COM-PROMISED YOUR CREDITOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE WRITTEN EXPLANATION.				Und. Rev. _____	
PREVIOUS SURETY (IF ANY) IF NGM, PLEASE LIST BOND NUMBERS				Dir. Not. _____	
TYPE OF BOND					
AMOUNT OF BOND	EFFECTIVE DATE	EXPIRATION DATE (IF ANY)		TERM	PREMIUM \$
RENEWAL INSTRUCTIONS: 1. EXPIRES <input type="checkbox"/> 2. CONTINUOUS <input type="checkbox"/> 3. CONTINUATION CERTIFICATE <input type="checkbox"/> 4. NEW BOND <input type="checkbox"/>					
OBLIGEE (EXACT NAME)					
ADDRESS					
IF BOND DECLINED BY ANOTHER COMPANY, GIVE NAME OF COMPANY AND REASON FOR DECLINATION					

AGENT'S PERSONAL RECOMMENDATION OF PRINCIPAL

DATE

Agent's Signature
(Principal - Indemnitor's Signature on Reverse Side of Form)

LICENSE OR PERMIT BOND

Financial statement and signature required if credit or financial guarantee.
If bond does not contain a cancellation provision - submit for prior approval.

TYPE OF BOND	LENGTH OF TIME IN BUSINESS?
PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE CARRIED?	
IF NGM, POLICY #	WILL RENEWAL BE DESIRED?

MOTOR VEHICLE TITLE BOND

IS PRINCIPAL OWNER WHO LOST TITLE? _____ (Bond should be applied for by person who lost title)
WHAT STATE WAS VEHICLE PURCHASED IN?
MAKE/MODEL/YEAR/ID# OF VEHICLE _____
DETAILS OF WHY TITLE NOT AVAILABLE _____
IF SALVAGE - PLEASE ATTACH COPY OF BILL OF SALE.

FIDUCIARY PROBATE BOND

Kind of Bond: (Check Box) <input type="checkbox"/> Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Guardian / Minor <small>(over \$5,000 NGM Approval Required)</small> <input type="checkbox"/> Conservator <input type="checkbox"/> Trustee <input type="checkbox"/> Receiver <input type="checkbox"/> Sale of Real Estate <input type="checkbox"/> Other _____	PRINCIPAL'S OCCUPATION		RELATIONSHIP OF PRINCIPAL TO DECEASED/MINOR/WARD
	COURT OR COUNTY WHERE BOND IS FILED		
	NAME OF DECEASED/MINOR/WARD		DOCKET #
	DATE OF DEATH (if applicable)	NUMBER OF HEIRS	BIRTH DATE OF MINOR OR WARD (if applicable)
	NAME OF ATTORNEY (if none, please obtain approval)		PHONE NUMBER
	ADDRESS		

PLEASE CHECK CORRECT SQUARES

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is going business in estate?	<input type="checkbox"/>	<input type="checkbox"/>	Is principal indebted to estate?
<input type="checkbox"/>	<input type="checkbox"/>	Has any party had prior custody of assets?	<input type="checkbox"/>	<input type="checkbox"/>	Is principal successor fiduciary?
<input type="checkbox"/>	<input type="checkbox"/>	Is there any dissension among heirs?			

IF ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, SUBMIT FULL DETAILS TO COMPANY FOR APPROVAL BEFORE EXECUTING BOND

Will joint control be exercised? (if yes, by whom?)

PUBLIC OFFICIAL BOND

<input type="checkbox"/> ELECTED	TAX ROLL OR DUPLICATE (TAX COLL. BOND ONLY)	OFFICIAL TITLE
<input type="checkbox"/> APPOINTED		
TERM OF OFFICE BEGINS	ENDS	OTHER OR PREVIOUS OCCUPATION
		PREMIUM TO BE PAID <input type="checkbox"/> ANNUALLY <input type="checkbox"/> YEARS ADVANCE
YES NO		
<input type="checkbox"/>	<input type="checkbox"/>	Has he/she previously occupied this position? If so, from _____
<input type="checkbox"/>	<input type="checkbox"/>	Is this bond required by statute or ordinance? How often are the accounts of your office audited? _____
Date of Last Audit: _____ Any areas of concern? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, please attach separate sheet for full explanation.		

CONTRACT BOND

(Latest Fiscal Year End Financial Statement Required – Signature Required on Back of Application)

<input type="checkbox"/> BID BOND				<input type="checkbox"/> PERFORMANCE BOND		<input type="checkbox"/> OTHER _____	
CONTRACT OR BID PRICE: \$ _____							
BID DATE		DATE CONTACT AWARDED			ESTIMATED STARTING DATE		
DESCRIPTION AND LOCATION OF WORK (ATTACH COPY OF CONTRACT)							
COMPLETION	PENALTY FOR DELAY	RETAINAGE	SUBCONTRACTED PORTIONS OF JOB		AMOUNT		
			1. _____		_____		
			2. _____		_____		
			3. _____		_____		
SPECIAL HAZARDS IF ANY							
BID RESULTS	NAME	AMOUNT	CONTRACTORS UNCOMPLETED WORK-ON-HAND AS OF				
Low: _____	_____	_____	CONTRACT NAME	AMOUNT UNCOMPLETED	ESTIMATED COMPLETION DATE		
2 nd : _____	_____	_____	_____	_____	_____		
3 rd : _____	_____	_____	_____	_____	_____		
If not in top 3, Bid Amount: \$ _____							
CONTRACTOR'S EXPERIENCE (TYPE): _____							
PRESENT FIRM: _____ Yrs WITH OTHERS: _____ Yrs							
LARGEST AGGREGATE WORKLOAD							
_____ YEAR _____							
LARGEST SINGLE JOB							
_____ YEAR _____							
USE SEPARATE SCHEDULE (68-4039) EXCEPT FOR MINIMAL AMOUNTS							

COURT BOND

(Financial Statement Required- Signature Required on Back of Application)

TYPE OF BOND	
NAME OF PLAINTIFF	DEFENDANT
DESCRIBE NATURE OF ACTION AND PROPERTY INVOLVED	PROPERTY VALUE
COURT OR COUNTY WHERE BOND FILED	
NAME AND ADDRESS OF ATTORNEY	

LOST SECURITIES BOND

(Signature Required on Back of Application)

FULL DESCRIPTION OF LOST INSTRUMENT –Submit copy if available			
HOW DID INSTRUMENT BECOME LOST OR DESTROYED?			
IS DUPLICATE TO BE ISSUED OR PAYMENT MADE ON LOST INSTRUMENT?			AMOUNT
HAS NOTICE OF LOSS BEEN GIVEN? (EXPLAIN)			
ARE SECURITIES: <input type="checkbox"/> REGISTERED TO WHOM: _____			
<input type="checkbox"/> PAYABLE TO WHOM _____			
AMOUNT	DATE OF ISSUE	MATURITY DATE	SERIAL NUMBER
DATE OF OWNERSHIP	NO. OF SHARES	PER VALUE	MARKET VALUE
HAVE SECURITIES BEEN ENDORSED, ASSIGNED, HYPOTHECATED, PLEDGED OR OTHERWISE DISPOSED OF? (EXPLAIN)			

ALL OTHER BONDS

(Miscellaneous Surety, Federal, etc.)

(Financial Statement MAY be Required - Signature Required on Back of Application)

TYPE OF BOND: _____ SPECIAL FORM YES (attach copy) NO

DESCRIPTION OF OBLIGATION WITH COMPLETE DETAILS: _____

FINANCIAL STATEMENT

(Attach a Copy of Your Latest Audit Report or Complete this Balance Sheet – Attach Supporting Schedules Where Necessary)

FULL NAME _____		FISCAL YEAR END _____	
STATEMENT OF ASSETS AND LIABILITIES AS OF _____		NET PROFIT FOR YEAR? _____	
(MONTH DAY YEAR)			
ASSETS	TOTAL	LIABILITIES	TOTAL
Cash in Bank \$		Notes payable to Bank (Monthly \$)	\$
Cash in Bank		Notes payable to Bank (Monthly \$)	
Cash on hand		Notes payable to others (Monthly \$)	
Stocks, Bonds, etc.		Accounts payable	
Notes Receivable		Accruals	
Accounts receivable		Taxes	
Merchandise in stock		Mortgage on real estate (Monthly \$)	
Real estate – Homestead		Equipment encumbrance (Monthly \$)	
Real estate – Business		Other liabilities – Describe	
Equipment			
Furniture and fixtures			
Other assets – Describe			
		Total Liabilities	
		Capital Stock (Paid In)	
		Surplus or Net Worth	
TOTAL	\$	TOTAL	\$

NAME AND ADDRESS OF YOUR BANK _____

SPECIFIC INDEMNITY AGREEMENT

NOW, THEREFORE, the undersigned, hereinafter called the Indemnitor(s) (if there be more than one Indemnitor they jointly and severally and for each other do) hereby undertake, represent, warrant and agree as follows:

- 1. That the foregoing statements made and answers given in this application are the truth without reservation, and are made for the purpose of inducing the NGM Insurance Company, hereinafter referred to as the Company, to execute or procure the execution of a certain bond or undertaking herein applied for.
2. That this Agreement shall apply to the bond or undertaking herein applied for, and any and all extensions, increases, modifications or renewals thereof, or additions or substitutions therefore, any and all such instruments separately and collectively being hereinafter called the Bond.
3. That the Company is hereby authorized to confirm the bank balance claimed in the financial statement and to verify all other items in said statement.
4. That the Indemnitor(s) shall pay the Company in advance the initial premium for the Bond, and any renewal or additional premium charges (all such premiums shall be in accord with the applicable schedule of rates published by the Company) as may become due until the Company shall be discharged and released from any and all liability and responsibility under the Bond and until the Indemnitor(s) shall deliver to the Company competent written evidence satisfactory to the Company of such discharge and release.
5. That the Indemnitor(s) shall at all times indemnify, save the Company harmless from, and place the Company in funds to meet any claim, demand, loss, liability, cost, charge, attorneys' fee, expense, suit, order, judgment, or adjudication arising from the existence of the Bond.
6. That if the Company shall set up a reserve to cover any claim, demand, loss, liability, cost, charge, attorneys' fee, expense, suit, order, judgment or adjudication arising from the existence of the Bond the Indemnitor(s) shall, immediately upon demand, deposit with the Company a sum of money equal to such reserve, such sum to be held by the Company as collateral security for the Bond obligation.
7. That the Company shall have the exclusive right to determine for itself and the Indemnitor(s) whether any claim or suit brought against the Company or the Principal, as a result of the existence of the Bond, shall be settled or defended and its decision shall be binding and conclusive upon the Indemnitor(s).
8. That this Agreement shall bind the heirs, executors, administrators, successors and assigns of the Indemnitor(s).
9. That nothing herein contained shall be in derogation of any right or remedy which the Company might have independently hereof.
10. That if the Bond be given in connection with a bid or contract, the Company is hereby authorized, but not required, to consent to any change in the contract or in the plans or specifications relating thereto: to make or guarantee advances or loans for the purposes of the contract without the necessity of seeing to the application thereof, it being understood that the amount of all such advances or loans, unless repaid with legal interest to the Company when due, shall be conclusively presumed to be a loss hereunder; in the event of abandonment, forfeiture or breach of the contract, or the breach of any bond given in connection therewith, or the failure, neglect or refusal to pay for labor or materials used in the prosecution of the contract, to take possession of the work under the contract and, at the expense of the Indemnitor(s) to complete the contract, or cause, or consent, to the completion thereof. The Indemnitor(s) hereby assigns, transfers, and sets over to the Company (to be effective as of the date of the Bond, but only in the event of a default as aforesaid), all right, title and interest of the Indemnitor(s) in and to all the tools, plant, equipment and materials of every nature and description that the Indemnitor(s) may have upon the work provided for in the contract covered by the Bond, or in, on or about the site thereof, including as well materials purchased for, or chargeable to such contract, which may be in the process of construction, in storage elsewhere, or in transportation to said site, and the Indemnitor(s) rights in and to all sub-contracts which may be entered into and the materials embraced therein appertaining to said contract; and the Indemnitor(s) further agrees in the event of any breach or default on its part in any of the provisions of the contract or the Bond that the said Company shall be subrogated to all the rights and properties of the Indemnitor(s) in such contract, including deferred and reserved payments, current and earned estimates and final payments, and any and all monies and securities that may be due and payable at the time of such default on this or any other contract of the Indemnitor(s) or any one or more of them on which the Company is or may become Surety, or on account of extra work or materials supplied in connection therewith, or that may thereafter become due and payable on account of said contract or any other contract of the Indemnitor(s) or any one or more of them on which the Company is or may become Surety. And the Indemnitor(s) hereby authorize the Company to endorse in the name of the payee, and to collect any check, draft, warrant or other instrument made or issued in payment of any monies due on such contracts and to disburse the proceeds thereof.
11. That the word Indemnitor(s) as used herein, or personal pronouns used to refer to said work, shall apply regardless of number or gender, and to individuals, partnerships or corporations, as the circumstances require.

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.

1 Signed, Sealed and DATED this _____ day of _____,

2 (Type Business Name) SIGN HERE
SIGNED: _____ 3 (Seal)
(INDEMNITOR - BUSINESS)
ATTEST OR WITNESS

2 TYPED NAME & TITLE: _____ SIGN HERE
SIGNED: _____ 3
(INDEMNITOR - INDIVIDUALLY) and SOCIAL SECURITY #
WITNESS

2 TYPED INDIVIDUAL INDEMNITOR NAME: _____
INDIVIDUAL INDEMNITOR ADDRESS: _____
SIGNED: _____ 3
(INDEMNITOR - INDIVIDUALLY) and SOCIAL SECURITY #
WITNESS

2 TYPED INDIVIDUAL INDEMNITOR NAME: _____
INDIVIDUAL INDEMNITOR ADDRESS: _____
SIGNED: _____ 3
(INDEMNITOR - INDIVIDUALLY) and SOCIAL SECURITY #
WITNESS

Indemnity Agreement Must Be: 1 Dated 2 Witnessed 3 Signed by Principal / Indemnitors