Bond Professional Surety Insurance Services License OB33276 P.O. Box 2207 Spring Valley, CA 91979-2207 Tel: (619) 670-1136
Toll Free: (800) 622-6637
Fax: (619) 670-5026
Email: bondpro1@cox.net

"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), cosurety(ies) and any surety(ies) which have been procured to execute the bond(s), their successors or assigns.

	AGENCY	AGENCY CODE NO.	BOND NO.
	, location	AGENCT GODE NO.	BOND NO.
	I. APPLICATION F	OR COURT BOND	
Application is hereby made to t	the Company designated above for a Bon	d or Undertaking, as follows: or Tax ID # .	
Name of Applicant			
Business address	(If partnership or corpo	oration, so state and give name of each partner)	— Zip —
3. State nature of business _			— 21p
4. Name and address of Attor	ney		
	•		Plaintiff,
		S.	
			Defendant.
	aking required \$		
		County, State of	
Case Number, if available _			
8. Nature of character of the E	Bond required, giving full particulars, as pe	•	
FOR ARREAL CUREROSERS	INSTRUC		
	ir STAY BOND. State the amount and date of judgment, decree, or order is not for specif	ijudgment and give nature of plaintiff's claim, t iic amount of money.	ogetner with copy of notice
FOR RELEASE OF ATTACHME	NT AND CARNISHMENT (Defendant's hou	nd) State amount of plaintiffs alaim and bas	sia far aama tagathar with
	`	nd). State amount of plaintiff's claim and bas ned and what disposition will be made of san	, 0
		bond). State the amount and character of pla hat will be made of it during the litigation. Sta	
counter-claims, if any.			
FOR REPLEVIN, COUNTER-REE	PLEVIN, INTERVENING CLAIMANT, CLAIM A	AND DELIVERY. Describe the property in contr	roversy and its value. State
		property. What disposition will be made of the	
FOR INJUNCTION State briefly w	hat complainant seeks to enjoin defendant fro	m doing or to compel defendant to do, also sta	te what property is involved
•	ned if injunction held improperly made.	m doing of to comport dolondam to do, also old	to what proporty to involved
IN ALL OTHER CASES, of Bonds involved, attaching copy of Bond		nd particularly all the facts of the case having	any bearing upon the risk
II. STATEMENT	OF APPLICANT'S ASSETS AND LIABILITIE	S AS OF	<del>-</del> ,
ASSETS		LIABILITIES	
Cash on hand (not in bank)		Borrowed money from banks (if none, write "none")	
Cash in following banks (give name	es)	and how secured	

Cash on hand (not in bank)		Borrowed money from banks (if none, write "none")	
Cash in following banks (give names)		and how secured	 
		Notes payable to Others (how secured)	 
Stocks and Bonds (List Below)			
		Accounts Payable, Due and Accrued	 
		Income Taxes	 
Stock or Material on hand		Mortgages on Real Estate	 
Accounts receivable		Other Liabilities and Encumbrances	
Notes receivable	 		 
Real Estate owned (Total value)			 
Other Assets		Surplus or Net Worth	 
		<u></u>	
Total Assets	\$	Total Liabilities \$	

## **III. 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 bonds(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 bonds(s), sixuing, delivering, canceling or becoming liable on said bonds(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 all rights, title, interest and estate in and to all property, real, personal or mixed, tample 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

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 therefore 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

ORSC 21003 (7/00)

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	
a., or	Applicant
Witness or Attest:	(SEAL)
	- By:(Officers name and title if a corporation)
State ofCounty of	)
Subscribed and sworn to before this day of,	NOTARY PUBLIC
severally bound thereunder, and by all of the terms, covenants, and conditions there	he undersigned join or joins in the foregoing Indemnity Agreement, and agree or agrees to be jointly and of; the undersigned admits and declares that it has a material, substantial, and financial interest in the re, or in execution of the bond or instrument applied for, and asserts that if a corporation or a partnership is  INDEMNITORS
WITNESS:	Signature (SEAL)
WITNESS:	Address Signature Signature
	Address
State of	NOTARIAL ACKNOWLEDGMENT of Indemnitors' Signatures
County of	NOTIONANIDA
Subscribed and sworn to before me this day of	NOTARY PUBLIC

Page of 2 of 3

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."