



# PUBLIC ADJUSTER BOND APPLICATION

## BOND AND OBLIGEE

Type of Bond Requested <input type="checkbox"/> Public Adjuster <input type="checkbox"/> Independent Adjuster	Effective Date	Bond Amount \$	To be filed with which State Department of Insurance?
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## APPLICANT

Personal Name		SSN or Tax ID Number		Residential Phone Number	
Street Address		City		State	ZIP Code
Business Name		FEIN		Business Phone Number	
Street Address		City		State	ZIP Code
Entity <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual, or husband and wife				Email Address	
Has applicant, or have any of its principals, ever failed in business, compromised with creditors, been the subject of bankruptcy or surety claims proceedings, or had an application for bond declined? <input type="checkbox"/> Yes <input type="checkbox"/> No				If <b>Yes</b> , attach an explanation	

## INDEMNITY AGREEMENT

(A FACSIMILE AND OR SCANNED COPY OF THIS AGREEMENT SHALL BE TREATED AS AN ORIGINAL FOR ALL PURPOSES)

I/We the undersigned declare that the above statements are true and correct. I/We hereby apply to Surety, for a bond or / and bonds, continuances, renewals, additions and / or increases. I/We agree individually and as a firm to fully indemnify and hold harmless Surety from and against any and all claims, demands or legal expenses of any kind or nature which arise by reason of the execution of bond(s) issued pursuant to this Application, including attorney fees and costs incurred by Surety in enforcing the terms of this Application. An itemized statement of loss and expenses incurred by Surety, sworn to by an officer of Surety, shall be prima facie evidence of the fact and extent of my/our obligation to Surety. At anytime Surety may demand from the undersigned a monetary sum to secure any actual or contingent liability or claim pertaining to the bond.

I/We authorize Surety as well as its successors and assigns to adjust, settle or compromise and claim, demand, suit or judgment upon said

bond(s) and defend such suit and appeal such judgment or at Surety's election to have the case, cross-action or proceeding, or and part of it or any appeal, writ of error, certiorari or any part thereof dismissed. Surety may demand from Principal and/or indemnitors sufficient collateral to discharge any claim against Surety by reason of such Suretyship. This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss.

I/We understand that bond(s) applied for is a credit relationship, and authorize Surety, or it's authorized agents to gather such credit information it / they considers necessary and appropriate for the purposes of evaluating whether such credit should be granted and/or continued. Each of the undersigned, jointly and severally agree to be bound by the terms of the foregoing Indemnity Agreement, as fully as though each of the undersigned were the sole applicant named herein.

**All sales are absolutely final. We offer no refunds for unused or returned public adjuster bonds**

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Name of person authorized to sign for the company: \_\_\_\_\_

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Additional Indemnitors

Indemnitor 1 Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Indemnitor 1 Signature: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Indemnitor 2 Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Indemnitor 2 Signature: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_



**Surety One, Inc.**

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# WE'VE MADE IT EASY FOR YOU TO COMPLETE AND SUBMIT THIS APPLICATION

## TWO EASY WAYS TO COMPLETE THIS APPLICATION — PRINT OR DIGITAL

### For PRINT completion:

1. Print this PDF.
2. Complete the application with a black pen by legibly writing your responses in the applicable fields.
3. Use one of the following ways to submit the completed application:
  - a. Scan, then email the pages to [Underwriting@SuretyOne.com](mailto:Underwriting@SuretyOne.com) or your assigned underwriter
  - b. Mail the pages to our Raleigh NC address (listed above)
  - c. Fax the pages to 919-834-7039

### For DIGITAL completion:

1. Download this PDF to your computer.
2. Open the file in a PDF editor, such as Adobe Acrobat Reader DC (available for free here: <https://get.adobe.com/reader/>).
3. Complete the application by typing and clicking your responses in the applicable fields.
4. Save your updated file to your computer by going to File > Save as...
5. Use one of the following ways to submit the completed application:
  - a. Attach the PDF to an email, and send to [Underwriting@SuretyOne.com](mailto:Underwriting@SuretyOne.com) or to your assigned underwriter
  - b. Upload the PDF to the form on [www.suretyone.com/contact-us](http://www.suretyone.com/contact-us)

**Note: Incomplete applications may result in processing delays.**