



POINDEXTER Surety Services

Member of The Poindexter Group of Companies



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"Se habla Castellano"

- Fiduciary (Probate)** – Complete Section 2
- Receiver or Bankruptcy Trustee** – Complete Section 3
- Court: Judicial** – Complete Section 4

Application must be **SIGNED, WITNESSED and DATED.**

General Information Questions

Type of Bond (describe purpose) _____
(Attach a copy of the bond form, if available)

Agency Name: POINDEXTER SURETY SERVICES (SURETY ONE)
 RO/Agency Code: 22-272576 Sub Producer Code: _____ Bond Number: _____
 Agency City: _____ Agency State: _____

Bond Amount: \$ _____ Effective Date of Bond: _____ Bond Term, if known: _____
 # of years

Applicant is: (select one) Individual Partnership C-Corp S-Corp LLC _____

Applicant (Principal): _____
 Name to appear on Bond, if different from Applicant: _____

Applicant's Address: _____
 Applicant's Business Description or Latest Occupation: _____
 Number of Years in Business: _____

SS#: _____ - _____ Fed Tax ID: _____ U.S. Citizen? No Yes
 Business Phone: _____ Fax No.: _____ Email: _____

Obligee – party requiring the bond (required): _____
 Obligee Address: _____

Billing Method: Agency Bill Direct Billed – full payment Direct Bill TABS Account
 TABS Account No.: _____

Billing Address, if different from Applicant's Address: _____

1 General Underwriting Questions

(required for all Applicants)

- Does the Applicant have any other Surety bonds in force? No Yes
- Has another Surety company declined to write this or any previous bond? No Yes
- Have you ever had a bond involuntarily terminated or cancelled? No Yes
- Has there ever been a claim or legal action against any bond executed on your behalf? No Yes
- Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens? No Yes
- Have you or any of your companies declared bankruptcy or become insolvent? No Yes
- Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action? No Yes
- Have you ever been convicted of a felony? No Yes

(If you answered Yes to any of the above questions, please attach a detailed explanation.)

2	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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes, provide details: _____				
Inventory of the Assets: Cash: Securities: Real Estate: Other:				
Name of Heirs/Beneficiaries	Age	Relationship to the deceased	Share of the Estate	Residence (state)
Attach a copy of the Will, Trust or Court Order for ALL bonds greater than or equal to \$100,000.				

2a	Complete for Administrator, Executor, Personal Representatives, etc.
Date of Death: _____	
Is the estate insolvent? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are there any disputes among the heirs? <input type="checkbox"/> No <input type="checkbox"/> Yes	

2b	Complete for Guardianship, Conservatorship, Trustee, etc.
This is in regard to a: <input type="checkbox"/> Minor <i>and/or</i> <input type="checkbox"/> Incompetent <input type="checkbox"/> Beneficiary Age: _____	
Where does minor/incompetent reside? _____	
Will any assets be under court restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, provide details: _____	
Will joint control be used to restrict expenditures or distributions of assets? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Will professional accounting, investment or legal services be provided on an ongoing basis? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the presiding court require that an annual accounting be filed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is the estimated duration of the bond anticipated to be longer than 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	

3	Receiver, Bankruptcy Trustee, Assignee Bonds
Debtor: _____	
Address: _____	
Type of Action: <input type="checkbox"/> Liquidation <input type="checkbox"/> Reorganization <input type="checkbox"/> Receiver of Rents <input type="checkbox"/> Other	
Do you carry Fidelity coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, in what amount? _____ Carrier: _____	
Do you carry Professional Liability or E & O coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, in what amount? _____ Carrier: _____	
Attach copy of Court Order, Judgment and/or other documents <input type="checkbox"/> Copies attached	

4	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? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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, procurement, assumption, 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).

Indemnitor(s) hereby expressly authorize Hartford to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) To verify information supplied to Hartford; (b) For underwriting purposes; and (c) Upon receipt of a notice of claim or potential claim, for debt collection. Hartford may furnish copies of any and all statements, agreements, and financial statements and any information, which it now has or may hereafter obtain concerning each of the Indemnitors, to other persons or companies for the purpose of procuring co-suretyship or reinsurance.

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself or any of its affiliates, parent, subsidiaries, co-sureties, or re-insurers, (individually and collectively called "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 Hartford as follows:

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

Indemnitor(s) agree to indemnify Hartford and save it harmless from any and all loss and expense of whatsoever kind or nature, including, but not limited to interest, court costs, attorney fees, incurred by Hartford in connection with or by reason of furnishing any bond hereunder. The undersigned Indemnitor(s) hereby agree to deposit upon demand with Hartford an amount sufficient to discharge any claim or any such bond, which deposit may be held by Hartford as collateral security against any loss or cost on this bond.

Indemnitors agree that any Oblige on any bond written pursuant to this Agreement is specifically authorized and requested to disclose any and all information, including providing copies of documents, whether deemed confidential or not, requested by the Surety in it's investigation of any claim. The indemnitors irrevocably appoint Hartford as their Attorney in Fact with the right but not the obligation to exercise its rights and execute or deliver any document in the name of the indemnitor deemed necessary to carry out the intent and purpose of this paragraph.

A facsimile signature of this document shall be deemed an original signature for any and all purposes.

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 Indemnitor is a PARTNERSHIP , CORPORATION or LLC:

	Name of Firm/Corporation	(Seal)
Witness: _____	By: _____	
_____	Print Above Name Here	_____
<i>Print Above Name Here</i>	Title (Print)	_____

If Indemnitor is an INDIVIDUAL:

Witness: _____	Indemnitor	_____
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>
Witness: _____	Indemnitor	_____
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>
Witness: _____	Indemnitor	_____
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>

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