



Lost Securities Bond Application

APPLICANT INFORMATION		Applicant Name _____					
Nature of Business or Occupation _____			Number of Years in Business/Profession _____		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLP
					<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	
BOND INFORMATION		Type of Bond _____			Amount of Bond _____		Effective Date _____
Complete Name and Address of Obligee _____						Telephone Number _____	
PERSONAL INFORMATION		Individual's Name _____			Soc. Sec. No. _____		Date of Birth _____
Address _____		City _____	State _____	Zip _____	Telephone Number _____		<input type="checkbox"/> Married <input type="checkbox"/> Single
Spouse's Name _____				Soc. Sec. No. _____		Date of Birth _____	

LOST SECURITIES BOND		Financial Statement necessary. Complete attached Financial Statement form or send us the Financial Statement previously prepared by Applicant.					
1. Describe Lost Securities in Detail: <i>If stock certificate, give certificate number and for how many shares; if check or similar instrument, give number, date of issue, names of maker and payee, etc.</i> _____ _____ _____ <i>If space is insufficient, give full description on separate sheet</i>				3. Are you the absolute owner of the securities, free of all claims or liens? _____			
2. State fully and in detail all circumstances connected with loss; when you first discovered it; what search has been made and what steps were taken to recover the securities. _____ _____ _____				4. If the securities are registered, in whose name do they now stand, and to whom are dividends (if any) being paid? _____			
				5. Have the securities ever been endorsed? _____			
				6. Have you, or has the person in whose name the securities stand, ever signed a power of attorney to transfer the securities? _____			
				7. If the securities are registered, on what dates did you give notice of loss to: Issuer _____ Transfer Agent _____ Registrar _____ Trustee _____			
				8. If the lost security is a check, on what date did you stop payment? _____ _____			

INDEMNIFICATION AGREEMENT		Signature Instructions: Sole Proprietorship - Owner must sign below. If married, spouse should also sign. Partnership - Each partner and his or her spouse should sign below. Corporation - An authorized officer (President or Secretary) should sign below on behalf of the corporation indicating his or her corporate title. All owners should sign below the corporate signature personally.					
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I agree to indemnify **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree: **FIRST:** To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated and agree that such premiums fully earned upon issuance of a bond and is not refundable in the first year of coverage. **SECOND:** To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgement against the bond, including any legal fees and expenses, and a claim fee charge in the amount of \$119.40 for the first claim and \$69.44 for each additional claim. **THIRD:** To hold harmless and indemnify Surety from any and all liability, damages, loss, costs and expenses of every kind including attorney fees, which may be sustained or incurred arising out of the execution enforcement, procurement of release, or other action involving the application and/or issuance of any bond. **FOURTH:** To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made. **FIFTH:** That Surety has the exclusive right to defend, settle, pay or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety. **SIXTH:** That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon. **SEVENTH:** To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself. **EIGHTH:** That a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement. **NINTH:** I agree that I cannot terminate my liability to the Surety created by this agreement except by sending written notice by certified mail of intent to terminate to the Surety. Written notice to terminate shall be sent to the Surety at its home office, 9025 N. Lindbergh Dr. Peoria, IL 61615. I agree that the termination will be effective thirty working days after the actual receipt of such notice by the Surety, but only for bonds signed or committed to by Surety after the effective date. Thus, I agree that I will remain liable to the Surety for loss and expenses on bonds signed or committed to by Surety prior to the effective date of termination. **TENTH:** This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.

Applicant Name (Printed) _____
(Exactly As Above)

Today's Date _____ By: **X** _____

ALL OWNERS AND/OR STOCKHOLDERS MUST SIGN BELOW AND PROVIDE PERSONAL INDEMNITY

In consideration of the Surety's execution of the Bond(s) applied for by Applicant, the Undersigned, agree(s) to become bound by the terms of the above Indemnity Agreement and become personal indemnitors under this agreement. The Undersigned acknowledges that they have read the Indemnity Agreement and understand that it imposes personal liability on them as well as joint and several liability with the applicant.

X _____	Indemnitor Signature	_____	Indemnitor Name (Print)
X _____	Spouse Signature	_____	Spouse Name (Print)

AGENT/BROKER INFORMATION		Agent/Broker Name _____	Code _____	Phone No. _____	Fax No. _____	City _____	State _____	Zip _____
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AGENT'S RECOMMENDATION				COMMENTS			
<input type="checkbox"/> We are not very familiar with this applicant.				_____			
<input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her.				_____			
<input type="checkbox"/> We know applicant very well and offer our highest recommendation.				_____			

Please see attached page for fraud warnings for all states.

Alabama, Arkansas, D.C., Louisiana, Maryland, Rhode Island, West Virginia

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

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.

Oklahoma

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.

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.

Kentucky, Pennsylvania

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.

Tennessee, Virginia, 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 or a denial of insurance benefits.

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 a denial of insurance benefits.

New Jersey, New Mexico

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil 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 false claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

Utah

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.