



NICHOLAS A.HANLEY LIC#: W062005

TITLE AGENCY SURETY AND FIDELITY BOND APPLICATION

Please Note: This application is for individual applicants or individual owners of a corporation. If applicant wishes to use a corporate indemnity only, prior approval is necessary. All information requested in this application must be complete for Applicant and 3rd Party Indemnitors. Include full business names(s), full legal names of all owners, partners or stockholders, Social Security numbers, complete street addresses with zip codes, and phone numbers with area codes.

PLEASE TYPE OR PRINT LEGIBLY

Individual Partnership LLC Corporation Sub-S Corporation

If a Corporation, list State and Year: _____

Name of Applicant: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

SSN or TAX Id: _____ E-mail Address: _____

Name, Address and Contact Information

Title Companies Represented: 1) _____
2) _____
3) _____

Amount of Bond:

Surety: _____ Fidelity: _____ Deductible: _____

Insurance Coverage:

Insurance Coverage: _____ Errors and Omissions: _____

Carrier: _____ Limit: _____

Deductible: _____ Effective Date: _____



Please also include the following information:

1. *Most recent fiscal year-end financial statement for the business prepared by an independent CPA.*
2. *Current personal signed financial statement from applicant.*
3. *Copy of the Title Insurance Agent License Application filed with the state.*
4. *Letters from the title companies listed as references above to indicate good standing as of most recently completed audit.*
5. *If applicant has less than 3 years in business, please attach resume outlining experience as a title agent.*

Audit Procedures:

Is there an audit by an independent CPA or equivalent? _____
All Location? _____ GAAP Certified? _____
Any material discrepancies reported (If yes, please include details)? _____

Escrow Accounts:

Do you deposit and disburse funds for closing or settlement? _____
Are separate files and accounting records maintained for each? _____
Does the file contain closing instructions? _____
Does the file contain documentation of compliance with instructions? _____
Are all closing funds deposited in separate trust accounts? _____
Are all Escrow or trust funds reconciled monthly? _____

Internal Controls:

Is countersignature of checks required? _____
If no countersignature, who signs checks? _____
Are securities subject to joint control? _____
Are bank accounts reconciled by someone not authorized to deposit or withdraw? _____

Rating Information for Fidelity Coverage:

(All officers, employees who handle, have custody or maintain records of money, securities or other property, including the positions below :)

Number

Number

Accountants and Assistants: _____ Controllers and Assistants: _____
Administrators and Assistants: _____ Paymasters and Assistants: _____



Attorneys: _____ Other: _____
Auditors and Assistants: _____ Total Employees: _____
Bookkeepers and Assistants: _____

Loss Experience:

Have any Employee dishonesty losses occurred during last 3 years? Yes No
If yes, please detail date of loss, amount and nature of loss:

Corrective Measures Taken:

Major Shareholders:

Name: _____ Percentage of Ownership: _____
Name: _____ Percentage of Ownership: _____
Name: _____ Percentage of Ownership: _____
Name: _____ Percentage of Ownership: _____
Name: _____ Percentage of Ownership: _____
Name: _____ Percentage of Ownership: _____
Name: _____ Percentage of Ownership: _____
Name: _____ Percentage of Ownership: _____
Name: _____ Percentage of Ownership: _____
Name: _____ Percentage of Ownership: _____



INDEMNITY AGREEMENT

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:

That the foregoing statements made and answers given in the submitted application are the truth without reservation, and are made for the purpose of inducing the surety, hereinafter referred to as the Company, to execute or procure the execution of a certain bond or undertaking herein applied for. 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. That the Indemnitor(s) shall pay all premiums and renewal premiums as may become due until the Company shall be discharged and released from any and all liability and responsibility under the Bond. 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, costs, charge, attorney's fee, expense, suit order, judgment, or adjudication arising from the existence of the Bond. That if the Company shall set up a reserve to cover any claim, demand, loss, liability cost, charge, attorney's 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. That the Company shall have 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). That this Agreement shall bind the heirs, executors, administrators, successors and assigns of the Indemnitor(s). That nothing herein contained shall be in derogation of any right remedy which the Company might have independently hereof.

**NOTE: By submitting an application for consideration of a Surety bond, you are authorizing Jurisco, Inc. and the Company to review your personal and/or business credit history for the purposes of underwriting and from time-to-time after the initial bond(s) have been issued.*

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

Signed and dated this: _____ day of _____, 20_____.

IF APPLICANT is an INDIVIDUAL, Sign here:

Signature: _____

Print Name: _____ SSN: _____

IF APPLICANT is a CORPORATION, LIMITED LIABILITY COMPANY or a PARTNERSHIP, Sign here:
(Personal "Third Party Indemnity" of a major shareholder, managing member or partner is required below.)

Signature: _____
(Authorized person Corporate Officer or Managing Partner)

Print Name: _____ Title: _____

IF THIRD PARTY INDEMNITOR(S), Sign here:

In consideration of Surety executing the bond here in above applied for, I join in the forgoing indemnity agreement:

Signature: _____

Print Name: _____ SSN: _____

Address (Street, City, State & Zip Code): _____