

NICHOLAS A.HANLEY LIC#: W062005

## INJUNCTION / TRO BOND APPLICATION

**Please Note:** This application id for individual applicants or individual of a corporation. If applicant wished 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 name(s), full legal names of owners, partners or stockholders, Social Security numbers, complete street addresses with zip codes and phone numbers with area codes.

## **PLEASE TYPE OR PRINT LEGIBLY**

If a Corporation, list State and Year:  Name of Applicant (Plaintiff):  Address:  Email:  City:  State:  Work Phone:  SSN:  or TAX Id:  Applicant's Attorney:  Email:  Address:  City:  State:  Tip Code:  FAX:  Name of Obligee (Defendant):  Address:  City:  State:  State:  City:  State:  City:  State:  City:  State:  City:  State:  City:  Code:  Amount of Claim or Debt:  Bond Amount:  Bond to be filed in?  County:  State:  Case Number:  Will bond be used in an ex-parte procedure?	Individual	Partnership	LLC	Corporation	Sub-S Corporation
Address:	If a Corporation, lis	st State and Year:			
Address:	Name of Applicant	(Plaintiff)			
City:         State:         Zip Code:           Home Phone:         Work Phone:           SSN:         or TAX Id:    Applicant's Attorney:  Address:  City:  State:  FAX:  Name of Obligee (Defendant):  Address:  City:  State:  State:  City:  State:  County:  Bond to be filed in?  County:  Case Number:					
Home Phone:					
SSN: or TAX ld: Applicant's Attorney: Email: Address: Zip Code: Phone: FAX: Name of Obligee (Defendant): Address: City: State: Zip Code: Amount of Claim or Debt: Bond Amount: Bond to be filed in? County: State: Case Number:	City:		_ State:		Zip Code:
Applicant's Attorney: Email:	Home Phone:			Work Phone:	
Address: State: Zip Code: Phone: FAX: FAX: State: Zip Code: FAX: State: Zip Code: Zip Code: State: Zip Code:	SSN:			or TAX ld:	
City: State: Zip Code: FAX:   Name of Obligee (Defendant): Address: Zip Code: Zip Code:   City: State: Zip Code:   Amount of Claim or Debt: Bond Amount:   Bond to be filed in? County:   State: Case Number: State: Case Number:   Code: Code:	Applicant's Attorne	ey:		Email:	
City: State: Zip Code: FAX:   Name of Obligee (Defendant): Address: Zip Code: Zip Code:   City: State: Zip Code:   Amount of Claim or Debt: Bond Amount:   Bond to be filed in? County:   State: Case Number: State: Case Number:   Code: Code:	Address:				
Name of Obligee (Defendant):					_ Zip Code:
Address:	Phone:			FAX:	
Address:	Name of Obligee (I	Defendant):			
City: State: Zip Code:  Amount of Claim or Debt: Bond Amount:  Bond to be filed in? County:  State: Case Number:					
Bond to be filed in? County: State: Case Number:					Zip Code:
Bond to be filed in? County: State: Case Number:	Amount of Claim o	r Debt:		Bond Amount:	
State:Case Number:					
	20 20 3000				



Briefly describe what the Plaintiff seeks t	to enjoin the		
Defendant from doing:			
Will the injunction defer the payment of	a specific		
amount of money (If yes, give amount \$)	?		
What property is involved and what dam	nages may		
be claimed in injunction is held improper	rly made:		
If applying on behalf of a corporation att Statement.  Statement of Applicant's Assets and Lia	ach accountant's Fin		ance Sheet and Profit & Loss
ASSETS		LIABILITIES	
Cash (Including Savings):		Notes Payable:	
Stocks and Bonds:		Credit Card Balance:	
Notes Receivable:		All Taxes Payable:	

Mortgages Payable:

All Other Liabilities:

**Total Liabilities:** 

Real Estate (Fair mkt. Value):

Net worth (Total Assets - Total Liabilities):

All Other Assets:

Total Assets:



## **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."

IF A	PPLICANT is an INDIVIDUAL, Sign here:
Signature:	
Print Name:	SSN:
	ON, LIMITED LIABILITY COMPANY or a PARTNERSHIP, Sign here: a major shareholder, managing member or partner is required below.)
Signature:	uthorized person Corporate Officer or Managing Partner)
Print Name:	
	IRD PARTY INDEMNITOR(S), Sign here: bond here in above applied for, I join in the forgoing indemnity agreemer
Signature:	
nt Name:	SSN: