



NICHOLAS A.HANLEY LIC#: W062005

MOBILE HOME DEALER BOND APPLICATION

Please Note: All information in this application must be complete for Applicant. Include full names(s), Social Security numbers, spouse's legal name, complete street addresses with zip codes, and phone numbers with area codes.

PLEASE TYPE OR PRINT LEGIBLY

Individual Partnership Corporation Sub-S Corporation

State of incorporation and Year: _____

Name of Applicant: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

SSN: _____ or TAX Id: _____

Average number of mobile homes sold in a year: _____ Dealer's Lic. No.: _____

Do you offer warranty coverage on mobile homes you sell? _____

Name of Mobile Home Park: _____

Address: _____

City: _____ State: _____ Zip Code: _____

BOND INFORMATION:

Name of Bond required: _____ Amount: _____

Prior Surety CO.: _____ Bond Number: _____

Effective Date of cancellation: _____ Why Canceled? _____

Important Note: This is an application for a Surety Bond and is **NOT** an Insurance Policy. All applicants will be required to repay the Surety Company if there is a loss, Default to any expenses incurred by the Surety Company.



Business Ownership: List all owners, partners and stock holders below. If bonded entity is a corporation, list the President and Secretary, even if they do not own stock.

1. Name: _____ SSN: _____ DOB: _____

Address: _____ Phone: _____

Employer (if other than this business): _____

Position in Co.: _____ % of Ownership: _____

Spouse Name: _____ Spouse Employer: _____

2. Name: _____ SSN: _____ DOB: _____

Address: _____ Phone: _____

Employer (if other than this business): _____

Position in Co.: _____ % of Ownership: _____

Spouse Name: _____ Spouse Employer: _____

3. Name: _____ SSN: _____ DOB: _____

Address: _____ Phone: _____

Employer (if other than this business): _____

Position in Co.: _____ % of Ownership: _____

Spouse Name: _____ Spouse Employer: _____

4. Name: _____ SSN: _____ DOB: _____

Address: _____ Phone: _____

Employer (if other than this business): _____

Position in Co.: _____ % of Ownership: _____

Spouse Name: _____ Spouse Employer: _____

HAS ANY OWNER, PARTNER OR OFFICER EVER:

Been convicted of a felony? Yes No

Filed Bankruptcy? Yes No

Had any prior or pending IRS tax liens? Yes No



Have any prior or pending lawsuits? Yes No

Had a claim made against any prior surety bond? Yes No

(If the answer is YES to any of the foregoing questions, attach a detailed explanation.)

PERSONAL FINANCIAL STATEMENT

Name: _____ SSN: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

No. of Dependents: _____ Bus. or Occupation: _____

Home Phone: _____ FAX: _____ Bus. Phone: _____

Bank Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Account No.: _____

Statement of Applicant's Assets and Liabilities as of (Date): _____

ASSETS		LIABILITIES	
Cash (Including Savings):		Notes Payable:	
Stocks and Bonds:		Credit Card Balance:	
Notes Receivable:		All Taxes Payable:	
Real Estate (Fair mkt. Value):		Mortgages Payable:	
All Other Assets:		All Other Liabilities:	
Total Assets:		Total Liabilities:	
Net worth (Total Assets - Total Liabilities):			



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): _____