



LEXON SURETY GROUP

LICENSE, PERMIT & MISCELLANEOUS
BOND APPLICATION

O k
U K W
PHONE
FAX
info@LexonSurety.com

BOND INFORMATION		TYPE OF BOND	AMOUNT	ACCT OR LICENSE #	EFFECTIVE DATE
OBLIGEE'S NAME & ADDRESS: (ENTITY REQUIRING THE BOND)				COUNTY BOND IS REQUIRED IN	
PLEASE ATTACH ANY FORMS PROVIDED FOR THIS PARTICULAR BOND TYPE					
BUSINESS INFORMATION		COMPANY NAME (AS IT MUST APPEAR ON THE BOND)		PHONE #	HOW LONG IN BUSINESS
EVER DECLARED BANKRUPTCY? YES NO		COMPANY ADDRESS		CITY	STATE ZIP
COMPANY IS A: SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP LLC LLP		DATE FORMED	# OF OWNERS, PARTNERS OR MEMBERS	CONTACT	WEBSITE
NATURE OF BUSINESS				FEDERAL TAX ID #	
PERSONAL INFORMATION, APPLICANT # 1		LAST NAME		FIRST NAME SOCIAL SECURITY NUMBER	
SPOUSES NAME		SPOUSES SSN		RESIDENCE ADDRESS	
EMPLOYER		EMPLOYER PHONE #		CITY	STATE ZIP RESIDENCE/MOBILE PHONE
ARE YOU THE TRUSTEE, TRUSTOR OR BENEFICIARY OF ANY TRUST? YES NO		EVER DECLARED BANKRUPTCY? YES NO IF YES, WHEN? _____		PENDING OR PRIOR IRS LIENS YES NO	
DO YOU OWN REAL ESTATE: YES NO		CURRENT MARKET VALUE		CURRENT LOAN BALANCE	
		NAME OF LENDER			
PERSONAL INFORMATION, APPLICANT # 2		LAST NAME		FIRST NAME SOCIAL SECURITY NUMBER	
SPOUSES NAME		SPOUSES SSN		RESIDENCE ADDRESS	
EMPLOYER		EMPLOYER PHONE #		CITY	STATE ZIP RESIDENCE/MOBILE PHONE
ARE YOU THE TRUSTEE, TRUSTOR OR BENEFICIARY OF ANY TRUST? YES NO		EVER DECLARED BANKRUPTCY? YES NO IF YES, WHEN? _____		PENDING OR PRIOR IRS LIENS YES NO	
DO YOU OWN REAL ESTATE: YES NO		CURRENT MARKET VALUE		CURRENT LOAN BALANCE	
		NAME OF LENDER			
BUSINESS FINANCIAL STATEMENT		as of _____, 20____		Attach verifications for Cash and Investment Accounts	
ASSETS				Liabilities	
Cash	\$			Accounts Payable	\$
Stocks & Bonds	\$			Taxes & Accruals	\$
Notes Receivable	\$			Notes Payable	\$
Merchandise/Inventory	\$			Mortgage(s) Payable	\$
Accounts Receivable	\$			Other Liabilities	\$
Real Estate	\$			TOTAL LIABILITIES	\$
Personal Property/Other	\$			NET WORTH	\$
TOTAL ASSETS	\$			TOTAL Liabilities & Net Worth	\$
AGENCY INFORMATION		AGENCY			AGENCY CODE
ADDRESS			CITY	STATE	ZIP
PHONE	EMAIL	SUBMITTING AGENT			

INDEMNITY AGREEMENT

The undersigned Applicant(s) and Indemnitor(s), (hereinafter referred to as "Indemnitors") hereby certify that the forgoing declarations made and answers given are the truth without reservation, and are made for the purpose of inducing Lexon Insurance Company and/or Bond Safeguard Insurance Company, its affiliates, parent and subsidiaries, individually and collectively called Lexon Surety Group (hereinafter referred to as "Surety") to execute a certain bond(s) or undertaking(s) herein applied for, and all subsequent renewal, continuation or increase of the same or any bond(s) of similar nature given in substitution or renewal thereof (all comprehended in the word "bond(s)" or "undertaking(s)" as herein used.

If Surety shall execute or procure the execution of the bond(s) applied for, which bond(s) are hereby referred to and made a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with the Surety as follows:

1. Surety may, at its sole discretion, deny, pay, compromise, defend or appeal any claim or suit against the Bond(s). An itemized statement of or sworn voucher from Surety attesting to the loss shall be prima facie evidence of the loss. Indemnitor(s) expressly waive notice of any claim or demand against the Bond(s) or information provided to the Surety;
2. Until full performance of the obligation(s) and exonerations of the Bond(s), satisfactory to it has been obtained, Surety may freely access, examine and copy Indemnitor's books, records, credit reports, financial statements, bank account records, accounts or any other financial records of any form ("hereinafter known as "Records"). Indemnitor(s) authorize third parties in possession of these records to furnish to Surety any information requested in connection with any transaction;
3. The Indemnitor(s) shall pay the premiums and renewal premiums for each Bond issued hereunder, inclusive of initial, fully earned, premium and all subsequent renewals, extensions or modifications until the Surety has received written legal evidence, satisfactory to the Surety, of its discharge from any and all such Bond(s) and all liability related thereto;
4. The Indemnitor(s) agree to fully indemnify the Surety and to defend and save it harmless from any and all losses incurred as a result of the issuance of the Bond(s), including, but not limited to interest, costs, attorneys fees, incurred by the Surety by reason of any claims against the Surety under any such Bond(s) issued by Surety;
5. If Surety establishes a reserve account, the Indemnitor(s) shall immediately upon demand provide Surety with collateral acceptable to Surety equal to the reserve set and any future reserve increases, whether or not Surety has yet made a payment or incurred a loss, or at any given point that Surety determines collateralization is required for any reason. Surety may retain the collateral until all actual and potential claims and losses of any type against the Bond(s) are exonerated and all loss is fully reimbursed;
6. Indemnitor(s), and each of them, hereby irrevocably appoints Surety, or its designee, as his, her or its attorney-in-fact with the right and power, but not the obligation, to exercise all of the rights assigned to Surety under this agreement and to make, execute and deliver any and all additional contracts, instruments, assignments, documents or papers (including, but not limited to, the endorsement of checks or other instruments payable to Principal or any Indemnitor representing payment of monies) deemed necessary and proper by Surety in order to give full effect to the intent and meaning of the assignments or rights contained herein. It is expressly agreed that this power-of-attorney is coupled with the interest of Surety in receiving the indemnification from Indemnitor(s). Indemnitor(s) hereby ratify all acts by Surety or its designee as attorney-in-fact; and,
7. A facsimile, photocopy, electronic or optical reproduction shall be fully admissible in a court of law with the same force and effect as the original.

IN TESTIMONY WHEREOF, the undersigned have hereto set their hands and seal this ____ day of _____, 20 ____.

Signed, Sealed and Delivered in the presence of;

Name of Principal

Signature and Title

Attest or Witness

ADDITIONAL INDEMNITORS (Please give home address and type or print name of each indemnitor below signature

Signature: _____ Indemnitor

Print: _____ SS#: _____

Address: _____

Signature: _____ Indemnitor

Print: _____ SS#: _____

Address: _____

Signature: _____ Indemnitor

Print: _____ SS#: _____

Address: _____

Signature: _____ Indemnitor

Print: _____ SS#: _____

Address: _____

Attest or Witness

Attest or Witness

Attest or Witness

Attest or Witness

FRAUD WARNING

ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, 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 ACT, WHICH IS A CRIME.