

Financial Benefits Insurance Company
 375 W. 83rd St. Burr Ridge, IL 60527 Tel: 630-887-7580 Fax: 630-887-7665
APPLICATION FOR COMMERCIAL SURETY BOND

DIRECTIONS

1. Please TYPE or PRINT clearly.
2. Complete all applicable sections FRONT and BACK.
3. If bond amount is over \$5,000.00, attach a copy of current business and personal financial statements for each owner/spouse and indemnitor (Third Party Guarantor).
4. Attach a copy of Obligee bond form, if required.
5. If INDIVIDUAL or PROPRIETORSHIP, applicant and spouse must sign. If PARTNERSHIP OR LLC, all partners or members and spouses must sign. If CORPORATION, all stockholders and spouses must sign. All indemnitors must sign. All Parties Initial Page 2

APPLICANT INFORMATION

Name: (as it appears on bond) _____
 Individual Proprietorship Partnership/LLC Corporation

Address: _____
 Fed. Tax I.D. # _____ SSN: _____ - _____ - _____ Phone: () _____
 Spouse's Name (If Applicant is Individual: _____ SSN: _____ - _____ - _____

If Applicant is a Business; list all Owners, % Owned; Spouses and Indemnitors, home addresses and SSN's.

Own/Sp/Ind:	%				
Own/Sp/Ind:	%				
Own/Sp/Ind:	%				
Own/Sp/Ind:	%				
Own/Sp/Ind:	%				
Own/Sp/Ind:	%				

If additional owners or spouses, please attach information.

- | | |
|--|--|
| 1. EVER FILED BANKRUPTCY EITHER BUSINESS OR PERSONAL? Yes <input type="checkbox"/> No <input type="checkbox"/> | 4. ANY PENDING LAWSUITS? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. ANY JUDGMENTS/FORECLOSURES IN THE PAST 10 YEARS? Yes <input type="checkbox"/> No <input type="checkbox"/> | 5. ANY PENDING TAX LIENS? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. EVER DEFAULTED ON A SURETY BOND? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

NOTE: If you answer "yes" to any of the above questions, please attach explanation.

GENERAL AGREEMENT OF INDEMNITY – READ CAREFULLY

The undersigned and each of them hereby certify that the statements contained herein or attached hereto are true and are made to induce **Financial Benefits Insurance Company** (herein called SURETY) to execute or continue the suretyship described herein and authorize SURETY to confirm bank balances and all other items which appear in said statement. In consideration of the execution by Surety of the suretyship herein applied for, I (we) agree:

1. To pay to Surety upon demand:
 - A. All loss and expense, including attorney's fees for which Surety shall become liable by reason of such suretyship, whether or not Surety shall have paid such loss and expense at the time of demand.
 - B. The annual premium for each suretyship until satisfactory evidence of termination of liability shall be furnished to SURETY.
 - C. All attorneys' fee and costs incurred by Surety in enforcing this agreement.
 - D. An amount sufficient to discharge any claim against SURETY by reason of such suretyship. This sum may be used by SURETY to pay such claim or be held by SURETY as collateral security against loss.
2. Surety shall have the exclusive right to determine whether any claim or suit shall, on the basis of liability, expediency or otherwise, be paid, compromised, defended or appealed.
3. An itemized statement of loss and expenses incurred by SURETY, sworn to by an officer of SURETY, shall be prima facie evidence of the fact and extent of my (our) obligation to SURETY.
4. SURETY may procure its release from said suretyship under any law for release of sureties without liability to me for any damages I sustain therefrom.
5. That this agreement shall apply to all renewals, continuous, substitutions and extensions of the suretyship herein applied for.
6. That if this suretyship is given in connection with lost instruments or securities, and such lost instruments come into my possession at any time, I will, at my own cost and expense deliver or cause said securities to be delivered to SURETY.
7. A representative of SURETY may at any time examine any assets held in trust under this suretyship, and SURETY may at its option, exercise control or joint custody with me over such assets.
8. That if said suretyship is cancelable this agreement may be terminated, upon written application to SURETY, only by written notice from SURETY stating when such termination will take effect.
9. 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.

Signed and sealed on the _____ day of _____, 200_____

By: _____
 Signature for Applicant by Authorized Party

 Print Name & Title of Authorized Officer/Owner/Managing Member

By: _____
 Sign and Print Name of Indemnitor

By: _____
 Sign and Print Name of Indemnitor

By: _____
 Sign and Print Name of Indemnitor

By: _____
 Sign and Print Name of Indemnitor

Section 1: LICENSE AND PERMIT BONDS

Type of License or Permit : _____ Bond Amount \$ _____ Bond Effective Date: _____

Name of Oblige: (as it is to appear on bond) _____

Obligee Address: _____

Section 2: ALL OTHER MISCELLANEOUS BONDS

Type of Bond: _____ Bond Amount \$ _____ Bond Effective Date: _____

Name of Oblige: (as it is to appear on bond) _____

Obligee Address: _____ Provide Bond Form if Required

Is This First Bond with This Oblige (Y/N): _____ If No, Prior Surety Name and Reason for Cancellation:

Section 3: CIVIL COURT BOND

Type of Bond: _____ Bond Amount \$ _____ Bond Effective Date: _____

Name of Oblige: (as it is to appear on bond) _____

Obligee Address: _____

Court where bond is to be filed: _____

Court Address: _____

Case # _____ Attorney Name: _____ Attorney Phone: () _____

PLEASE ATTACH A COPY OF THE COURT ORDER OR JUDGEMENT REQUIRING THE BOND

Section 4: PROBATE COURT BOND

Type of Bond: _____ Bond Amount \$ _____ Bond Effective Date: _____

Name of Deceased/Ward(s) _____ Date of Death: _____

Date of Appointment: _____ Is applicant indebted to estate or trust? Yes No

Name of Attorney: _____ Attorney Phone: () _____

Describe assets of estate or trust: _____

Name and age(s) of minor incompetent: _____

Applicant's relationship to deceased/ward(s): _____

Are guardianship funds to be used for support of minors? Yes No

What is source of guardianship funds? _____

Who are the probate heirs of the estate? _____

Will any business of this estate be continued by fiduciary? Yes No If Yes, describe and attach copy of the court order: _____

Is this bond required on the demand of an interested person? Yes No

Name and Address of court: _____

Describe applicant's experience in handling fiduciary responsibilities: _____

PLEASE ATTACH A COPY OF THE COURT ORDER OR JUDGEMENT REQUIRING THE BOND

Section 5: LOST INSTRUMENT/SECURITIES BOND

Type of Bond: _____ Bond Amount \$ _____ Bond Effective Date: _____

Description of lost item: _____ Serial # _____

Date of instrument: _____ Who is it payable to? _____

Are securities endorsed? Yes No Has notice of loss been given? Yes No

Describe manner of loss: _____

If registered, in whose name? _____

If a check, has payment been stopped? Yes No If Yes, attach a copy of order.

If a deed of trust or note, has either been involved in a lawsuit, dispute or judgment? Yes No If Yes, describe: _____

Initials of all parties signing application

Date _____