



# All Purpose Application

Check here if correspondence was previously sent to RLI

To: \_\_\_\_\_

From: \_\_\_\_\_

<b>APPLICANT INFORMATION</b>		Applicant Name (must be exactly as it is to appear on bond)				<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Corporation	
Applicant Address		City	State	Zip			
Nature of Business		Number of Owners		Business Phone No.		How long in business?	
<b>BOND INFORMATION</b>		Type of Bond		Bond Amount		Effective Date	
Obligee Name & Address							

<b>PERSONAL INFORMATION</b>		Must be completed by Applicant, Partners, Corporate Owner/Officers and Members/Managers of Limited Liability Companies. Use additional application if more than one owner.					
Individual's Name			Percent Ownership	Social Security No.		Date of Birth	
Spouse's Name			Percent Ownership	Social Security No.		Date of Birth	
Residence Address		City	State	Zip	Phone No.		How long at residence? Yrs./Mos.
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent	Current Value	Loan Balance	Ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any unpaid IRS or state tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any lawsuits pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### INDEMNIFICATION AGREEMENT

I agree to indemnify **RLI Insurance Company** and/or **RLI Indemnity Company** and/or **Contractors Bonding and Insurance Company** (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree: **FIRST:** To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage. **SECOND:** To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including any legal fees and expenses. **THIRD:** To hold harmless and indemnify Surety from any and all liability, damages, loss, costs and expenses of every kind, including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and/or issuance of any bond. **FOURTH:** To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made. **FIFTH:** That Surety has the exclusive right to defend, settle, pay, or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety. **SIXTH:** That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon. **SEVENTH:** To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself. **EIGHTH:** 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. **NINTH:** I agree that I cannot terminate my liability to the Surety created by this agreement except by sending written notice by certified mail of intent to terminate to the Surety. Written notice to terminate shall be sent to the Surety at its home office, 9025 N. Lindbergh Dr. Peoria, IL 61615. I agree that the termination will be effective thirty working days after the actual receipt of such notice by the Surety, but only for bonds signed or committed to by Surety after the effective date. Thus, I agree that I will remain liable to the Surety for loss and expenses on bonds signed or committed to by Surety prior to the effective date of termination. **TENTH:** This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.

Applicant Name (Printed) \_\_\_\_\_  
(Exactly As Above)

Today's Date \_\_\_\_\_ By: **X** \_\_\_\_\_ Title: \_\_\_\_\_

### ALL OWNERS AND/OR STOCKHOLDERS MUST SIGN BELOW AND PROVIDE PERSONAL INDEMNITY

In consideration of the Surety's execution of the Bond(s) applied for by Applicant, the Undersigned, agree(s) to become bound by the terms of the above Indemnity Agreement and become personal indemnitors under this agreement. The Undersigned acknowledges that they have read the Indemnity Agreement and understand that it imposes personal liability on them as well as joint and several liability with the applicant.

<b>X</b> _____ Indemnitor's Signature	<b>X</b> _____ Indemnitor's Signature
<b>X</b> _____ Indemnitor's Signature	<b>X</b> _____ Indemnitor's Signature

<b>AGENT/BROKER INFORMATION</b>		Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
<b>AGENT'S RECOMMENDATION</b>		<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.						

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

<b>PROBATE BOND</b>		No Financial Statement necessary. Applicant must sign front of application.			
Name of Deceased or Ward			<input type="checkbox"/> Deceased <input type="checkbox"/> Ward	Is there a going business in the estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	Date of Death	Date of Appointment	Has a bond been filed in this estate before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, do not write the bond; submit to Company for approval.)		
Name and Address of Attorney (Must be Represented by an Attorney for RLI to Consider a Bond.)				Will attorney remain throughout the estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name, Age and Health Status <input type="checkbox"/> Minor <input type="checkbox"/> Incompetent			Applicant's Relationship to Deceased/Ward		Applicant's Net Worth
Is applicant indebted to the estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain how debt will be repaid on separate sheet.)			Who are the heirs of this estate?		
What is the source of guardianship funds? (If an insurance settlement, do not execute the bond; submit to RLI for approval.)			Are guardianship funds to be used for support of ward? (If Yes, please send copy of court order authorizing monthly expenditures.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Do all interested parties agree with the principal's appointment as fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, do not write the bond; submit to RLI for approval.)		
Is the bond required on the demand of an interested person? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by whom?			Assets of estate or trust (describe). Send copy of inventory if assets exceed \$300,000.		
Name and Address of Court					

<b>LOST INSTRUMENTS BOND</b>		Attach all information from transfer agent.			
Serial Number and Description (Please submit a copy or sample of the form it was on.)			Date of Instrument	Payable to applicant only? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, to whom is it payable?	
Are securities pledged, assigned or endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did instrument become lost or destroyed?		Has notice of loss been given? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? To whom?		
If registered, in whose name?	If a check, has payment been stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?		If a deed of trust or note, has either been involved in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a judgment obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>MISCELLANEOUS COURT BOND</b>		Please include with application the court documents including the complaint and any court orders.			
Plaintiff		Name and Address of Applicant's Attorney			
Defendant		Name and Location of Court			
Describe Nature and Reason for Action					

<b>FIDELITY BOND</b>		No Financial Statement necessary. Applicant must sign front of application.			
Annual Salary	Will applicant sign checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is countersignature required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by whom?		Regular audits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by whom?	
Are bank accounts reconciled by someone not authorized to deposit or withdraw from the accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No			Ever discharged from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, why?		
Last position held?		Present Position or Title		How long in present position?	Applicant's Net Worth

<b>PUBLIC OFFICIAL BOND</b>		No Financial Statement necessary. Applicant must sign front of application.			
Official Title	Other or Previous Occupation	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	Date	Term of Office	Premium will be paid <input type="checkbox"/> Annually <input type="checkbox"/> For Term
Applicant's Net Worth					

**FINANCIAL INFORMATION** Financial Information needs to be completed for all financial obligation bonds (sales tax, wage and welfare, utility bonds, etc.) and for all bond requests of \$10,000 or more unless otherwise noted. Applicant may attach their own financial statement or complete information below.

ASSETS	
Cash In _____ Bank _____	
Cash In _____ Bank _____	
Stocks & Bonds Consisting of _____	
Notes Receivable - Describe _____	
Accounts Receivable _____	
Merchandise, Inventories, Etc. (At Cost) _____	
Real Estate (Location, Description and Appraised Value).	
1. _____	
2. _____	
3. _____	
Furniture & Fixtures _____	
Other Assets - Describe _____	
<b>TOTAL ASSETS</b> _____	
Gross Sales - Two Years Ago _____ Last Year _____	
Net Income - Two Years Ago _____ Last Year _____	

LIABILITIES	
Notes Payable _____ Bank _____	
Notes Payable _____ Bank _____	
Other Notes Payable _____	
Accounts Payable _____	
Taxes Due _____	
Real Estate Mortgages (Give Amount on Each Parcel)	
1. _____	
2. _____	
3. _____	
Other Liabilities - Describe _____	
<b>TOTAL LIABILITIES</b> _____	
Capital Stock _____	
Net Worth or Surplus _____	
<b>TOTAL LIABILITIES AND NET WORTH</b> _____	