

The submission of this application by the Applicant and its owners is authorization to the Company to obtain a credit report on the Applicant and its owners. The Company reserves all rights and legal duties associated with this application and any and all bonds issued as a result; including, but not limited to the right to handle or settle any claim or suit in good faith and the Company's decision shall be binding on the Applicant and its owners. This Agreement shall be in addition to and not in lieu of or in replacement of all other indemnity agreements.

Applicant SSN DOB Single
 Residence address Res. phone Married
 Business address Bus. phone
 Occupation or Business Email
 For how long? Individual Partnership Corp LLC LLP Previous surety? Yes No
 Bond type Amount Effective date If so, name
 Reason for change
 Complete Name and Address of Obligee

Financial Statement - Check applicable section on the reverse side to see whether a financial statement is necessary.

Statement as of Check one: Business Financial Statement Personal Financial Statement

ASSETS		LIABILITIES	
Cash (List Banks)	<input type="text"/>	Accounts Payable	<input type="text"/>
<input type="text"/>		Taxes due & accrued	<input type="text"/>
Stocks + Bonds - Describe	<input type="text"/>	Notes Payable to Bank	<input type="text"/>
<input type="text"/>		Notes Payable to Others - Describe	<input type="text"/>
Notes Receivable - Describe	<input type="text"/>	<input type="text"/>	
<input type="text"/>		Mortgage on Real Estate	<input type="text"/>
Merchandise or Material in Stock	<input type="text"/>	Mortgage on Real Estate	<input type="text"/>
Accounts Receivable	<input type="text"/>	Other Liabilities - Describe	<input type="text"/>
Real Estate, Homestead	<input type="text"/>	<input type="text"/>	
Real Estate, Investment	<input type="text"/>	TOTAL LIABILITIES	<input type="text"/>
Furniture and Fixtures	<input type="text"/>	Capital Stock (Paid in)	<input type="text"/>
Other Assets - Describe	<input type="text"/>	NET WORTH OR SURPLUS	<input type="text"/>
TOTAL ASSETS	<input type="text"/>	TOTAL Liabilities and Net Worth	<input type="text"/>

Gross Sales - Two years ago Last year Net Income - Two years ago Last year

Submissions

Email: bondsubs@btisinc.com

Fax: 916.772.9292

Internal

Control Data

Complete for all fidelity submissions or for public official over \$150,000.

Will applicant sign checks? Yes No
 Is countersignature required? Yes No
 By whom? _____
 Regular audits? Yes No
 By whom? _____

Are bank accounts reconciled by someone not authorized to deposit or withdraw from the accounts? Yes No
 Applicant's net worth \$ _____
 Ever discharged from any employment? Yes No
 Why? _____

Public Official Bond

No financial statement necessary, applicant sign application over \$100,000, internal control data section over \$150,000.

Net worth: \$ _____
 Elected Appointed
 Date: _____ Term of office: _____
 Premium will be paid: Annually for term

Fidelity Bond

No financial statement necessary. Complete internal control data.

Title of position: _____
 Purpose or Function of Organization: _____
 Main Sources of Organization's Funding: _____

Probate Bond

No financial statement necessary. Have applicant sign this application.

Name of deceased (Ward): _____
 Date of death: _____ Date of appointment: _____
 (If over 6 months, please explain delay.)
 Attorney info: Name _____
 Address _____
 Phone _____
 Will the attorney remain involved throughout the duration of this estate? Yes No
 Applicant's relationship to: deceased ward(s)
 Name, age, and health status of minor(s) incompetent
 Are guardianship funds to be used for support of ward? Yes No
 Approximately how much per month? _____
 (Please send copy of court order authorizing monthly expenditures.)
 What is the source of the guardianship funds?
 (If an insurance settlement, do not execute the bond; instead refer it to an underwriter.)
 Name and address of court: _____
 Name and location of Court _____
 Applicant's net worth: \$ _____
 Who are the heirs of this estate? _____
 Is applicant indebted to the estate or trust? Yes No
 If yes, why? _____
 Has applicant had prior possession of estate assets?
 (i.e. Power of Attorney, bank accounts, etc.) Yes No
 If yes, please explain. _____
 Assets of estate or trust (describe) _____
 Applicant's net worth: \$ _____
 Who are the heirs of this estate? _____
 Has anyone objected to the applicant's appointment as fiduciary? Yes No
 Will any going business of the estate be continued or operated by fiduciary? Yes No
 (If yes, send a copy of court order.)
 Is this bond required on the demand of an interested person? Yes No
 If so, who? _____
 What is the applicant's experience in handling fiduciary responsibilities? _____

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Referee's Bond Receiver's Bond Trustee's Bond

No financial statement necessary. Have applicant sign this application.

Plaintiff: _____ Defendant: _____
 Name and address of applicant's attorney _____
 Name and location of Court _____
 Applicant's net worth: \$ _____

Court Bond

Other than 3 And 4
Have applicant sign this application.

Name and location of Court _____
 Name and address of attorney _____
 Name of Defendant _____
 If an Injunction or Restraining Order bond, does applicant anticipate a foreclosure or collection action against him?
 If so, submit for underwriting. Yes No

License And Permit Bond

Have applicant sign this application.

Net worth: \$ _____
 Applicant state license #: _____
 General liability insurance carried? Yes No
 (Give limits) _____

Lost Securities

Have applicant sign this application.

Are securities endorsed? Yes No
 Describe manner of loss _____
 Has notice of loss been given? Yes No
 When? _____ To Whom? _____
 If registered, in whose name? _____
 If a check, has payment been stopped? Yes No
 If so, when? _____
 If a deed of trust or note, has either been involved in a lawsuit? Yes No
 Was a judgment obtained? Yes No

Certificate Of Title Bond

Have applicant sign this application.

Vehicle Make: _____ Model: _____ Year: _____ VIN#: _____
 Is there a lien or lien holder? Yes No
 If yes, list & explain. _____