

PENTECO LLC

FINANCIAL SERVICES

Insurance • Retirement • Estate Planning

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Dear Applicant,

Thank you for your interest in applying for a BOND for your company.

Please complete the attached BOND Application and fax it to our office at (703) 991-9164 or you may email your application to us at info@pentecofinancial.com.

Once we have received your application you will receive an email and/or phone call confirming the receipt of your application. If you do not receive an email confirmation or a phone call from our office within 24 hours of submission of your application, please contact us at (703) 660-9090 to confirm that the application was received.

The BOND application process takes about 2-3 business days to process. Once your application is approved, payment will be required to issue your BOND. You may pay by credit card (VISA, MASTERCARD, or AMERICAN EXPRESS) or by money order or check. Check funds must be cleared before the issuance of your BOND.

Please note, if you have credit issues additional information may be required to process your application. All BOND applications are reviewed by an Underwriter and may be denied based on underwriting guidelines. Submission of an application does not guarantee the issuance of a BOND.

As your Independent Insurance Agency, we represent many of the leading insurance companies for Commercial General Liability, Commercial Auto, Workers Compensation, Personal Home, Renters, Flood, Personal Auto, Motorcycle, Boat/RV, Life and Retirement and Estate Planning. Please contact us for a free no-obligation quote on all your commercial and personal insurance needs.

Please contact our office at (703) 660-9090 should you have any questions.

We look forward to assisting you with all your insurance needs.

Warm Regards,

PENTECO Insurance & Financial Services

We work hard for you, and we always appreciate your referral business.

Important

Commercial Surety Application

License & Permit/Miscellaneous

Instruction Sheet

We have created an instruction sheet to assist you in completing this application. Please refer to this sheet before sending the Commercial Surety Application back to The Hartford. It will help avoid any delays in processing your application due to missing information.

1. Please complete page 1 in its entirety. (Some commonly overlooked items include producer code, year established, date of bond, and obligee information)
2. The final page is the *Indemnity Agreement*. A checklist of 4 questions will help remind you of the key items that need to be addressed:
 - **Did you date the form (directly above the signatures)?**
 - **If the applicant is a Corporation, Partnership or LLC, is the respective name entered with the corresponding signature of the President (or authorized officer) immediately below? (Seals should be used, as appropriate)**
 - **If the applicant is an individual, did he/she sign the form and provide his/her Social Security Number?**
 - **Did a witness sign the form attesting to the authenticity of the Indemnitors' signature?**

License & Permit/Miscellaneous

Commercial Surety Application



Complete this application in its entirety.

Application must be SIGNED, WITNESSED and DATED.

General Information Questions

Type of Bond (describe purpose) _____
 (Attach a copy of the bond form, if available)

Agency Name: _____
 RO/Agency Code: _____ Sub Producer Code: _____ Bond Number: _____
 Agency City: _____ Agency State: _____

Bond Amount: \$ _____ **Effective Date of Bond:** _____ **Bond Term, if known:** _____
 # of years

Applicant is: (select one) Individual Partnership C-Corp S-Corp LLC _____

Applicant (Principal): _____

Name to appear on Bond, if different from Applicant: _____

Applicant's Address: _____

Applicant's Business Description or Latest Occupation: _____

Number of Years in Business: _____

SS#: _____ - _____ Fed Tax ID: _____ U.S. Citizen? No Yes

Obligee – party requiring the bond (**required**): _____

Obligee Address: _____

Billing Method: Agency Bill Direct Billed – full payment Direct Bill TABS Account
 TABS Account No.: _____

Billing Address, if different from Applicant's Address: _____

Underwriting Questions

Does the Applicant have any other Surety bonds in force with any other Surety company? No Yes

Has another Surety company declined to write this or any previous bond? No Yes

Have you ever had a bond involuntarily terminated or cancelled? No Yes

Has there ever been a claim or legal action against any bond executed on your behalf? No Yes

Do **you** or any of **your** companies have any pending lawsuits, unsatisfied judgments or liens? No Yes

Have **you** or any of **your** companies declared bankruptcy or become insolvent? No Yes

Have **you** or any of **your** companies been the subject of any legal or administrative proceedings resulting in disciplinary action? No Yes

Have **you** ever been convicted of a felony? No Yes

Has the Applicant continuously been in business under the current name and ownership for at least three years? No Yes

If the Applicant is an individual, have you resided at your current address for at least 3 years? No Yes

(If you answered Yes to any of the above questions, please attach a detailed explanation.)

Does the bond guarantee the performance of a *specific* contract or agreement?
 If Yes, attach a copy of the contract or agreement. No Yes
 copy attached

Does the bond cover any type of environmental or pollution exposure? No Yes

Does the bond guarantee the payment of taxes, fees, wages or payment of any type? No Yes

If Yes, and the bond is greater than \$25,000 and the Applicant is a business, attach a copy of the last 2 fiscal year-end financial statements. copies attached

If Yes, and the bond is greater than \$25,000 and the Applicant is an individual, attach the most recent financial statement. copy attached

Indemnity Agreement

The undersigned Applicant and Indemnitor(s), (all hereinafter called the Indemnitor(s)) hereby certify that the foregoing declarations made and answers given are the truth without reservation, and are made for the purpose of inducing the Surety to execute a certain bond or undertaking herein applied for, and any renewal, procurement, assumption, continuation or increase of the same, or any bond of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used).

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself or any of its affiliates, parent, subsidiaries, co-sureties, or re-insurers, (individually and collectively called "Hartford"), as Surety, shall execute or procure the execution of the bond or undertaking hereinbefore applied for, which bond and application are hereby referred to and made a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with Hartford as follows:

Indemnitor(s) shall pay the premiums and renewal premiums for each bond issued hereunder, until Hartford has received written legal evidence, satisfactory to Hartford, in its sole discretion, of its discharge from all such bonds and all liability related thereto.

Indemnitor(s) agree to indemnify Hartford and save it harmless from any and all loss and expense of whatsoever kind or nature, including, but not limited to interest, court costs, attorney fees, incurred by Hartford in connection with or by reason of furnishing any bond hereunder. The undersigned Indemnitor(s) hereby agree to deposit upon demand with Hartford an amount sufficient to discharge any claim or any such bond, which deposit may be held by Hartford as collateral security against any loss or cost on this bond.

Indemnitor(s) hereby expressly authorize Hartford to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) To verify information supplied to Hartford; (b) For underwriting purposes; and (c) Upon receipt of a notice of claim or potential claim, for debt collection. Hartford may furnish copies of any and all statements, agreements, and financial statements and any information, which it now has or may hereafter obtain concerning each of the Indemnitors, to other persons or companies for the purpose of procuring co-suretyship or reinsurance.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF FRAUDULY OBTAINING A BOND. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF BENEFITS.

WITNESS the following signature(s) and seal(s) this _____ day of _____, 20____. ←

If APPLICANT is an individual:

Witness: _____	Signature _____
(print above name here) _____	(print above name here) _____

Witness: _____	Signature _____
(print above name here) _____	(print above name here) _____

If APPLICANT is a partnership or corporation:

Witness: _____	Name of Firm/Corporation _____	(Seal)
(print above name here) _____	By (Signature) _____	_____
	(print above name here) _____	_____
	Title (print) _____	_____

Third Party Indemnitors: (including personal indemnitors of S-Corporations)

In consideration of the Surety executing the bond hereinabove applied for, we jointly and severally join in the foregoing indemnity agreement.

Witness: _____	Signature of Indemnitor _____	(Seal)
(print above name here) _____	SS or Fed ID # _____	_____

Witness: _____	Signature of Indemnitor _____	(Seal)
(print above name here) _____	SS or Fed ID # _____	_____

Reminder – Please make sure the application has been SIGNED, WITNESSED and DATED in the appropriate areas.