



## Commercial Bond Application

### License or Permit Bond

#### General Information

Bond Amount: \_\_\_\_\_

Start Date: \_\_\_\_\_

To Whom Payable: \_\_\_\_\_  
(\*Obligee name)

End Date: \_\_\_\_\_

Obilgee Address: \_\_\_\_\_  
State: \_\_\_\_\_

City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Bond Type: \_\_\_\_\_

If Other, please describe what type  
of bond you are looking for:

#### Producer Information (Optional)

Agency Name: C&M First Services, Inc. Broker Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Email: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

#### Applicant Information

Applicant Legal Name: \_\_\_\_\_  
SSN: \_\_\_\_\_

Marital Status: (CHECK ONE)

Single: \_\_\_\_\_

Married: \_\_\_\_\_

Legal Partner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Business Name/DBA: \_\_\_\_\_

Year Established: \_\_\_\_\_

FEIN/Taxpayer ID: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Type of Organization: (CHECK ONE)

\_\_\_\_\_ Sole Proprietor

\_\_\_\_\_ LLC

\_\_\_\_\_ Corporation

\_\_\_\_\_ Partnership

Name/Address of Owner or Co-Application or Indemnitor:

Name: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Surety (Y/N): \_\_\_\_\_

If Yes, Provide Name and Reason for Change below:

Name: \_\_\_\_\_

Reason: \_\_\_\_\_

Other Surety Bonds in force (Y/N): \_\_\_\_\_

If Yes, Provide Name of Surety: \_\_\_\_\_

### Background Questions

Have you, or any partner affiliated with you, ever been convicted of, plead guilty, or no contest to a felony or a misdemeanor involving dishonesty or breach of trust? (Y/N): \_\_\_\_\_

If Yes, please provide additional details below:

Have you, or any partner affiliated with you, ever committed a violation of state law? (Y/N): \_\_\_\_\_

If Yes, please provide additional details below:

Have you, or any partner affiliated with you, ever been bankrupt or insolvent? (Y/N): \_\_\_\_\_

If Yes, please provide additional details below:

Have you, or any partner affiliated with you, ever compromised with your creditors? (Y/N): \_\_\_\_\_

If Yes, please provide additional details below:

Have you, or any partner affiliated with you, ever been party to a bond claim? (Y/N): \_\_\_\_\_

If Yes, please provide additional details below:

**NOTICE:** The undersigned individual(s) hereby gives consent to Universal Fire Casualty Company and its subsidiaries, to obtain a consumer credit report about the individual in connection with this application for insurance. This authorization extends to subsequent consumer credit reports obtained for the purpose of reviewing, increasing the amount of, or any other legitimate purpose associated with the bond.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## Confidentiality

*As part of our due diligence efforts, Universal Fire & Casualty Insurance Company requests social security numbers to perform background checks. Universal Fire & Casualty utilizes a third party vendor to perform background check inquiries and does not share or use an individual's social security number with any other party or for any other reason.*

## Indemnity Agreement

*This agreement is entered into by and between the undersigned applicant or applicants and/or indemnitors, (the "Undersigned") and Universal Fire & Casualty Insurance Company ("Company"):*

*The Undersigned certifies that the foregoing statements and declarations are true and, in consideration of the Company executing as surety the herein bond applied for, does hereby promise and agree to pay an annual premium, as may be required, to the Company until such time as the Undersigned shall furnish the Company with evidence satisfactory to it of the complete termination of its liability on said bond or until Company is legally discharged of all bond liability thereunder. It is further agreed and understood that the first year's premium is FULLY EARNED UPON issuance AND IS NOT REFUNDABLE.*

*The Undersigned, jointly and severally, further agrees to indemnify and save harmless the said Company, in connection with any bond executed on behalf of the person or entity named as applicant, for, from and against any and all losses, costs, damages and expense of any nature whatsoever, including counsel fees and expenses, and reimburse said Company for loss adjusting expenses and compensation at the rate of \$100.00 per day for officers and \$50.00 per day for all other personnel, which may accrue to the said Company by reason of the said Company having become surety on said bonds.*

*The Undersigned hereby agrees immediately notify Company of any claim relating to bonds and that the vouchers or other evidence of payments made by the said Company under its obligation of suretyship shall be conclusive evidence against the Undersigned of the fact and extent of the Undersigned's liability to the said Company under said obligation of the Undersigned, whether said payments were made to discharge a penalty thereunder, incurred in the investigation of a claim made thereon or adjusting a loss or claim in connection therewith, or in completing the work covered thereby, and whether voluntarily made or paid after suit and judgement against said Company.*

*If the Company shall set up a reserve to cover any claim, suit or judgement under any such bonds, the Undersigned will, immediately upon demand, deposit with the Company a sum of money equal to such reserve, such sum to be held by the Company as collateral security on such bonds, and such sum and any other money or property which shall have been, or shall hereafter be, pledged as collateral security on any such bond shall, unless otherwise agreed in writing by the Company, be available, in the discretion of the Company, as collateral security on any other bonds coming within the scope of this Agreement.*

*It is further agreed that the terms and conditions of this application shall also apply to increases and/or decreases in the amount of any and all bonds and shall also apply to all renewals whether the bond is continuous, renewed by Continuation Certificate or by the filing of any new bond on behalf of Undersigned.*

*This Agreement shall constitute both a Security Agreement to the Company and a Financing Statement, in accordance with the provisions of the Uniform Commercial Code of every jurisdiction wherein such Code is in effect. This Agreement shall, if recorded, constitute a consensual lien upon any and all real estate owned by the Undersigned at the time of such recording. However, the filing or recording of this Agreement shall be solely at the option of the Company, and the failure to do so shall not release or impair any of the obligations of the Undersigned under this Agreement or otherwise arising, nor shall such failure be in any manner in derogation of the rights of the Company under this Agreement or otherwise. The use of this Agreement as a Security Agreement, Financing Statement or consensual lien shall in no way abrogate, restrict or limit the rights of the Company under the Agreement or at law or in equity. The Undersigned waive all right to claim any property, including homestead, as exempt from levy, execution, sale or other legal process.*

*The Company shall have the right, and is hereby authorized, but not required to fill up any blanks left herein, and to correct any errors in the description of any of said bonds, or in said premium or premiums, or in any name or names, it being agreed that such insertion or corrections, when so made, shall be prima facie correct. This application shall be liberally construed so as to fully protect and indemnify the Company, its successors, assigns and reinsurers. The Undersigned appoints any officer of the Company, as the attorney in fact of the Undersigned with full right to execute on behalf of the Undersigned any document necessary to carry into effect the intent and purposes of this Agreement.*

*Facsimile and digital copies of this document or their signature(s) thereon, shall be deemed to be an original and/or original signature(s) for all purposes.*

*Undersigned submit to and agree this Agreement and its interpretation and performance shall be governed by the laws of the State of Michigan without regard to conflicts of law's provisions herein. The Undersigned waive their rights to a trial by jury in any action, proceeding or counterclaim arising out of this Contract.*

*The undersigned individual(s) hereby gives consent to Universal Fire & Casualty Company and its subsidiaries, to obtain a consumer credit report about the individual in connection with this application for insurance. This authorization extends to subsequent consumer credit reports obtained for the purpose of reviewing, increasing the amount of, or any other legitimate purpose associated with the bond.*

*This Agreement may only be modified, in writing, by a rider signed by an officer of Company.*

### Individual Indemnification:

\_\_\_\_\_  
Indemnitor Signature

\_\_\_\_\_  
Indemnitor Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Indemnitor Signature

\_\_\_\_\_  
Indemnitor Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Company Indemnification: ON BEHALF OF UNDERSIGNED

**\*By signing as Authorized Signatory, I hereby warrant that I am authorized to bind the Company to this Agreement.**

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
Indemnitor Signature

\_\_\_\_\_  
Indemnitor Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

License & Permit	
FINANCIAL STATEMENT NECESSARY AT UNDERWRITERS DISCRETION	
Net Worth \$	_____
Public Liability Insurance Carried (Y/N):	_____ Limits: _____
Property Damage Insurance Carried (Y/N):	_____ Limits: _____