

### NOMINAL BOND OF PERSONAL REPRESENTATIVE

As of this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_,  
 personal representative of the Estate of \_\_\_\_\_  
 \_\_\_\_\_, as principal and  
 \_\_\_\_\_ as surety are obligated to the  
 State of Maryland in the sum of \_\_\_\_\_ Dollars.

This obligation shall be void if the personal representative pays from the estate the debts due by the decedent, the Maryland inheritance tax, court costs, and registers' fees.

#### SIGNED, SEALED, AND DELIVERED IN THE PRESENCE OF:

_____	(Date)	_____	(SEAL)
		Address	_____
			_____
_____	(Date)	_____	(SEAL)
		Address	_____
			_____
_____	(Date)	_____	(SEAL)
		Address	_____
			_____
		Surety:	_____ (SEAL)
		By:	_____
			_____

COMPLETE APPLICABLE SECTION ON REVERSE

Section

Public Official ..... 1

Fidelity ..... 2

Probate ..... 3

Referee, Receiver, etc. .... 4

Court ..... 5

License ..... 6

Lost Securities ..... 7



Application Number: \_\_\_\_\_

For Office Use Only \_\_\_\_\_

**Form 10**

**APPLICATION FOR BOND—ANY KIND**

Individual

Partnership

Corporation

Limited Liability Company

Limited Liability Partnership

Applicant (For partnership, give full names of partners and trade names) Please print or type		Social Security #	Age	Married <input type="checkbox"/>
				Single <input type="checkbox"/>
Residence Address				
(Street and Number)	(City)	(State)	(Zip)	(Telephone #)
Business Address				
(Street and Number)	(City)	(State)	(Zip)	(Telephone #)
Occupation or business	How long so engaged?	Previous Surety <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name and reason for change.	
Type of Bond	Amount of Bond	Effective Date		
Complete name and address of Obligee				

**FINANCIAL STATEMENT** as of \_\_\_\_\_

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

Check one:  Business Financial Statement  Personal Financial Statement

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

Gross Sales - Two Years Ago \_\_\_\_\_ Last Year \_\_\_\_\_ Net Income - Two Years Ago \_\_\_\_\_ Last Year \_\_\_\_\_

**INDEMNITY**

The undersigned applicant and indemnitors hereby request Western Surety Company or any affiliated company (with such company/companies referred to herein as the "Company") to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information and to obtain additional information from any source, including obtaining a credit report at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion, and jointly and severally agree:

- To pay the usual premiums, including renewal premiums, to the Company or its agents, when due.
- To completely INDEMNIFY the Company from and against any liability, loss, cost, attorneys' fees and expenses whatsoever which the Company shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for applicant, or for the enforcement of this agreement, or in obtaining a release or evidence of termination under such bonds; regardless of whether such liability, loss, costs, damages, attorneys' fees and expenses are caused, or alleged to be caused, by the negligence of the Company.
- To furnish the Company with satisfactory and conclusive termination evidence that there is no further liability on this bond or any other bond issued for applicant.
- Upon demand by the Company for any reason whatsoever, to deposit current funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship.
- That the Company shall have the right to handle or settle any claim or suit in good faith. An itemized statement of loss and expense incurred by the Company, sworn to by an officer of the Company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company.
- That the Company may decline to become surety on any bond and may cancel or amend any bond without cause and without any liability which might arise therefrom.
- That the Company shall, without notice, have the right to alter the penalty, terms and conditions of any bond issued for undersigned, and this agreement shall apply to any such altered bond.
- That if a contract or performance bond is issued hereunder, the undersigned hereby assign to the Company any monies now due or hereafter becoming due under the contract, including all deferred payments and retained percentage, supplies, tools, plants, equipment and materials due or used on the contract.
- At the Company's discretion, this indemnity agreement shall be governed in all respects by the laws of the State of South Dakota and the undersigned applicant and indemnitors consent to the jurisdiction of the courts of the State of South Dakota and the United States District Court for the District of South Dakota in all actions or proceedings arising from or relating to this indemnity agreement.
- That this indemnity may be cancelled as to subsequent liability by an indemnitor upon written notice to the Company at Sioux Falls, South Dakota 57104, effective in (10) days after the earliest date thereafter upon which the Company could have cancelled all bonds in force for applicant.
- In the event of any payment by the Company, to pay the Company interest on such amounts at the highest legal rate from the date such payments are made.

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

Agency CNR Insurance Inc.

Address 166 West Street

Annapolis Md 21401

City State Zip

Agent's Code 19 - 00336

Signature & Business/Corporate Title \_\_\_\_\_ "Indemnitor"

\_\_\_\_\_ "Indemnitor"

\_\_\_\_\_ "Indemnitor"

Note: Personal indemnitors should sign their names before the word "indemnitor" in their own handwriting, e.g. Jane Doe "Indemnitor"

**AGENT'S RECOMMENDATION**

Your recommendation will be helpful and may be the difference between getting a refusal or having the bond written. Tell us what you know and think of the applicant. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AGENT'S Check here if this correspondence was previously faxed to CNA Surety.

**IMPORTANT NOTICE**

Please discuss with the principal the potential use of personal credit history to facilitate the underwriting review process.

**1**

**PUBLIC OFFICIAL BOND**

NO FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN APPLICATION IF \$75,000 OR MORE.

Net Worth: \$	Elected <input type="checkbox"/> Appointed <input type="checkbox"/>	Date:	Term of Office:	Premium will be paid: <input type="checkbox"/> Annually? <input type="checkbox"/> for term?
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**2**

**FIDELITY BOND**

NO FINANCIAL STATEMENT NECESSARY.

Title of Position		Main Sources of Organization's Funding		
Purpose or Function of Organization				
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 By whom?	Regular audits? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Why?		
Last position held? Reason for leaving?		How long in present position?	Applicant's net worth: \$	

**3**

**PROBATE BOND**

NO FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN THIS APPLICATION.

Name of deceased (Ward)	Date of death	Date of appointment (If over 6 months, please explain delay.)	Is applicant indebted to the estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain on an attached sheet.)
Name and address of attorney (If none, do not write the bond; submit it to our underwriters.)			Telephone #
Will the attorney remain involved throughout the duration of this estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Assets of estate or trust (describe)	
Name, age, and health status of <input type="checkbox"/> minor(s) <input type="checkbox"/> incompetent	Applicant's relationship to <input type="checkbox"/> deceased <input type="checkbox"/> ward(s)		Applicant's net worth: \$
Are guardianship funds to be used for support of ward? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)	
Who are the heirs of this estate?			Has anyone objected to the applicant's appointment as fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will any going business (excluding farms) of the estate be continued by fiduciary? (If yes, send a copy of court order.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this bond required on the demand of an interested person? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?	
Name and address of court:			
What is the applicant's experience in handling fiduciary responsibilities?			

**4**

- REFEREE'S
  - RECEIVER'S
  - TRUSTEE'S
- BOND**

NO FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN THIS APPLICATION.

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

**5**

**COURT BOND OTHER THAN 3 AND 4**

FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN THIS APPLICATION.

Name and location of Court	Name of Defendant
Name and address of attorney	If an Injunction or Restraining Order bond, does applicant anticipate a foreclosure or collection action against him? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, submit for underwriting.
Explain purpose of bond (submit copy of relevant documents)	

**6**

**LICENSE AND PERMIT BOND**

FINANCIAL STATEMENT NECESSARY WHERE STATE IS THE OBLIGEE. HAVE PRINCIPAL SIGN THIS APPLICATION.

Net worth: \$	General liability insurance carried? <input type="checkbox"/> Yes <input type="checkbox"/> No (Give limits)
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**7**

**LOST SECURITIES/ CERTIFICATE OF TITLE BOND**

FINANCIAL STATEMENT NECESSARY. HAVE PRINCIPAL SIGN THIS APPLICATION.

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 not, who is it payable to?
Are securities endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe manner of loss		Has notice of loss been given? <input type="checkbox"/> Yes <input type="checkbox"/> No When? To Whom?
If registered, in whose name?	If a check, has payment been stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, 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	

Vehicle Make	Vehicle Model	Vehicle Year	Vehicle VIN
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*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.*

**SIoux FALLS OFFICE:**

P.O. Box 5077  
Sioux Falls, South Dakota 57117-5077  
1-800-331-6053 FAX 1-605-335-0357  
www.cnasurety.com



**DALLAS OFFICE:**

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Dallas, Texas 75265-5908  
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