

APPLICATION FOR A COLLECTION AGENT'S LICENSE BOND



State Where Bond Required	Bond Amount	Effective Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Premium Payable:

Annually **3-year prepaid**

Name and Address of Principal/Entity to Appear on Bond: _____ _____ _____ Phone () Fax ()	Circle One: Corporation, LLC, Partnership, Proprietorship Tax ID # _____ State of Incorporation: _____
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E-Mail address:			
Owners (please attach additional sheet if necessary)	Ownership Percentage	Home Address	Social Security #
A. _____	_____	_____	_____
B. _____	_____	_____	_____
Total	100%		

- (1) Date organization was formed _____. If less than 3 years, please furnish owner's résumé.
(mo./yr.)
- (2) Has the Principal operated under any previous names in the last seven (7) years? Yes No ;
If yes, please provide details:

- (3) Has the Principal or anyone having ownership in this business ever filed for bankruptcy for itself, any other entity, or been insolvent? Yes No ; If yes, please provide details:

- (4) Has the Principal or anyone having ownership in this business ever been the subject of any proceedings resulting in disciplinary action or found to have violated or to have aided, abetted, counseled, commanded, induced or procured the violation of any law, rule or regulation of any agency responsible for regulating financial institutions or lenders in any jurisdiction?
Yes No ; If yes, please provide details:

- (5) Has the Principal or anyone having ownership in this business ever been associated in any endeavor related directly or indirectly to business or financial activities with any person which was subject to regulatory sanctions by a state or federal agency at the time you were associated with them? Yes No ; If yes, please provide details:

- (6) Have there ever been any judgements or liens filed against the Principal or anyone having ownership therein?
Yes No ; If yes, please provide details:

- (7) In what other states are you licensed?

- (8) Has the Principal ever had a bond for this purpose before? Yes No ; If yes, by whom?

- (9) Has the Principal ever been canceled or declined for a Surety Bond? Yes No ; If yes, please provide details:

The applicant(s) and the Indemnitor(s), if any, hereby authorize the company to obtain credit reports and histories and to confirm the bank balances claimed, and all other items on any balance sheet or income statement furnished until all liability of The Hartford for any suretyship or claim obligations expire.

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, 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 its affiliates, parent and subsidiaries, individually and collectively called The 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 The Hartford as follows:

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

The Indemnitor(s) agree to indemnify the Surety and save it harmless from all loss and expense, including, but not limited to interest, court costs, attorney fees, incurred by the Surety by reason of any claims against the Surety under any such bond.

The undersigned Indemnitor(s) hereby agree to deposit upon demand with the Surety an amount sufficient to discharge any claim or any such bond.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. 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: _____
(print above name here) _____

Signature _____
(print above name here) _____

Witness: _____
(print above name here) _____

Signature _____
(print above name here) _____

If APPLICANT is a partnership or corporation:

Witness: _____
(print above name here) _____

Name of Firm/Corporation _____ (Seal)
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: _____
(print above name here) _____

Signature of Indemnitor _____ (Seal)
(print above name here) _____

Witness: _____
(print above name here) _____

Signature of Indemnitor _____ (Seal)
(print above name here) _____

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

Must be acknowledged before Notary Public by Indemnitor(s):

State of _____
County of _____

On this _____ day of _____ 20_____ before me personally appeared the above individuals to me known to be the person(s) or partner(s) or member(s) of the partnership or limited liability company or officer(s) of the corporation that signed the foregoing instrument and acknowledged the execution of the same to me.

(Notary Public) (Seal)
My commission expires:

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