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Pioneer General Insurance Company

6780 E. HAMPDEN AVE. • DENVER, COLORADO 80224

- Individual
 Partnership
 Corporation
 LLC

APPLICATION FOR BOND – ANY KIND

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

FINANCIAL STATEMENT as of _____
 Check applicable section on the reverse to see whether a financial statement is necessary.

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

INDEMNITY AGREEMENT

The undersigned applicant and indemnitors hereby request Pioneer General Insurance Company ("Surety") to become surety for the above bond applicants. The undersigned hereby certify the truth of all statements in the application, authorize the Surety to verify this information and to obtain additional information from any source, and jointly and severally agree:

- To pay the usual premiums, including renewal premiums and interest accruing thereon.
- To completely INDEMNIFY the Surety from and against any liability, loss, cost, consultation fees, attorney's fees and expenses whatsoever which the Surety shall at any time sustain as surety on this bond or any other bond issued for applicant, for the enforcement of this agreement. An itemized statement of loss and expense incurred by the Surety, sworn to by an officer of the Surety, shall be *prima facie* evidence of the fact and extent of the losses which the undersigned must reimburse to the Surety hereunder. In the event of any payment by the Surety, the undersigned will pay interest on such loss and expense at the highest legal rate from the date each such payment is made.
- Upon demand by the Surety, for any reason whatsoever, to deposit current funds, as collateral security, with the Surety in an amount sufficient to satisfy any pending claim against the Surety arising from its suretyship for applicant. The Surety is entitled to specific performance of this obligation.
- The Surety shall have the sole right, for itself and for the Undersigned, to determine whether any claim, demand, suit or judgement shall be paid, settled, defended or appealed, which determination shall be binding upon the Undersigned.
- The Surety, in its sole discretion, and without liability to the undersigned, may at any time decline to become surety on any bond and may cancel any bond, without cause.
- That the Surety shall have the right to alter the penalty, terms and conditions of any bond issued for the undersigned, without cause or notice, and this agreement shall remain fully applicable to any such altered bond.
- That if a contract or performance bond is issued hereunder, the undersigned hereby assign to the surety all 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.
- This agreement shall be governed by the law of the State of Colorado. Any suit hereon may be filed in Denver District or County Courts.
- This indemnity agreement may be terminated by the undersigned only upon written notice to Pioneer General Insurance Company at 6780 E. Hampden Ave., Denver, Colorado 80224. Termination shall not relieve the undersigned from liability for any bond in effect on the date notice is given hereunder. Said termination shall be effective ten (10) days after the effective date of cancellation by the Surety of the last bond executed for the applicant hereunder.

Signed this _____ day of _____, _____

Agent _____
Agent's Code _____ - _____
Address _____ Street
City State Zip

AGENT'S RECOMMENDATION

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

1

PUBLIC OFFICIAL BOND
NO FINANCIAL STATEMENT NECESSARY

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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FIDELITY BOND
NO FINANCIAL STATEMENT NECESSARY

Net Worth:	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?	

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PROBATE BOND
NO FINANCIAL STATEMENT NECESSARY.
HAVE PRINCIPAL SIGN THIS APPLICATION.

Name of deceased (Ward)	Date of death	Date of appointment	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		Assets of estate or trust (describe)	
Name and age 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 minor(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, 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 probate heirs of this estate?			
Will any business of the estate be continued by fiduciary? (If so, 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	
Name and address of court:			
What is the applicant's experience in handling fiduciary responsibilities?			

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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: \$

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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)	

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LICENSE AND PERMIT BOND
FINANCIAL STATEMENT NECESSARY WHERE STATE IS THE OBLIGEE.
HAVE PRINCIPAL SIGN THIS APPLICATION.

Net Worth: \$	Public liability insurance carried? <input type="checkbox"/> Yes <input type="checkbox"/> No (Give limits)	Property damage insurance carried? <input type="checkbox"/> Yes <input type="checkbox"/> No (Give limits)
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LOST SECURITIES BOND
FINANCIAL STATEMENT NECESSARY.
HAVE PRINCIPAL SIGN THIS APPLICATION.

Serial Number and description. (Please submit a copy of document)		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 If not, who is it payable to?
If registered, in whose name?			
If a check, has payment been stopped? 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 judgement obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	

"IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."