



Lexington National Insurance Corporation –Commercial Surety Bond Application

- **Company Financial Statements** – If applicable, please provide the latest fiscal year-end financial statements. If at the time of this application the fiscal year-end financial statements are greater than 180 days old, please provide the most recent interim financial statement available.
- All owners must submit a **personal financial statement**

Type of Bond:		Amount \$:	Effective Date:	
Who is requiring the Bond (Obligee):				
Obligee's Address:		City:	State:	Zip:
Does Obligee require their own bond form? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach a copy if possible</i>				
Applicant Name (as it is to appear on the bond):				
Address:		City:	State:	Zip:
County:	SS# or Tax ID#:	Phone:	Email:	
Date Business Started:	Type of Business	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corp <input type="checkbox"/> LLP <input type="checkbox"/> LLC		
Name of Bank:		Bank Address:		
Bank Contact Name:		Contact Phone Number:	Years with Bank:	Credit line \$:
Prior Surety?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if yes, please give name and reason for change:</i>				
<i>Please answer on behalf of the business and/or any principal owner: if yes, attach an explanation</i>				
Are there any outstanding collection items or liens?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there open lawsuits or judgments against them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever failed in business or declared bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had a bond canceled, denied, or payout? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Owner information

Name:		SSN:	Email:		DOB:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Address:	City:	State:	Zip:	
Phone:	Spouse:	Net Worth \$:	Business Ownership: %	Years of industry experience:	
Name:		SSN:	Email:		DOB:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Address:	City:	State:	Zip:	
Phone:	Spouse:	Net Worth \$:	Business Ownership: %	Years of industry experience:	

Financial information (all owners with a 10% interest or more must provide the following) You may attach a separate sheet.

Owner's Name	Statement as of	(Date)
Assets		Liabilities
Cash on hand and in banks		Accounts payable
Savings Accounts		Notes Payable to banks
IRA or retirement accounts		Notes Payable to others (describe)
Accounts & Notes Receivable		Installment Accounts (describe)
Life insurance (cash surrender value only)		Loan on Life Insurance
Stocks & Bonds		Unpaid taxes
Real Estate (homestead)		Mortgage on Homestead
Real Estate (investments)		Mortgage on real estate investments
Autos		Other Liabilities (describe)
Other personal property		Total Liabilities
Other Assets (describe)		Net Worth (Assets less liabilities)
Total Assets		Total Net Worth and Liabilities

Agency contact

Agency recommendation (check one)

Agency:	<input type="checkbox"/> We are not familiar with the applicant
Contact:	<input type="checkbox"/> Applicant has been referred to us for bond placement
Address:	<input type="checkbox"/> The agency writes all Applicant's insurance and we highly recommend
Phone:	<input type="checkbox"/> Other (explain)
Mobile:	
Fax:	
Email:	

Indemnity Agreement - Read Carefully.

Your signature creates legal consequences to you.

IN CONSIDERATION of the execution of the bond for which application is made, the undersigned Owner / Applicant, and any additional Indemnitors (collectively, "Indemnitors") for themselves, their personal representatives, heirs, successors and assigns, hereby agree with, warrant and represent to, and bind themselves jointly and severally to, Lexington National Insurance Corporation and their co-sureties, re-insurers, and any other company which may execute a bond or bonds at the request of any of them, (individually and collectively called "Surety") as follows:

1. Indemnitors agree to pay Surety an advanced premium for the first year or a fractional part thereof that is earned and the amount due annually thereafter in accordance with Surety's then current premium rates or any minimum earned premium until Surety shall be discharged or released from any and all liability and responsibility under said bond, and all matters arising therefrom, and until competent written legal evidence of such discharge or release, satisfactory to Surety, is furnished to Surety.
2. Indemnitors agree that Surety may make any credit checks, including consumer and investigative credit checks, it deems necessary.
3. Indemnitors warrant and represent that the questions answered and information furnished in connection with the application are true and correct.
4. Indemnitors agrees to indemnify and keep indemnified Surety and its agents and representatives and hold and save it them harmless from and against any and all liability, damage, loss, cost and expense of whatsoever kind or nature, including counsel, experts' and attorneys' fee, which Surety or its agents or representatives may at any time sustain or incur by reason or in consequence of have executed or procured the execution of the bond or enforcing this agreement against any of the undersigned or in procuring or in attempting to procure its release from liability under the bond.
5. If Surety shall set up a reserve to cover any liability, claims, suit or judgment under said bond, the undersigned will, immediately upon demand, deposit with Surety a sum of money, equal to such reserve and any increase thereof, to be held by Surety as collateral security on said bond. Any such collateral shall be available, in the discretion of Surety, as collateral security on any other or all bonds heretofore or hereafter executed for at the requests of any of the undersigned.
6. Indemnitors hereby grant to Surety a security interest in, and lien on, all of their furniture, fixtures, equipment, office equipment, books and records, documents, accounts, deposit accounts, investment property, security accounts and security entitlements, accounts receivable, chattel paper, instruments, letter of credit rights, contract rights and contract proceeds, machinery, plant, inventory, insurance policies, vehicles, tools, real property, and general intangibles, and agree that Surety may perfect any interest granted herein by filing or otherwise .
7. If Surety shall procure any other company or companies to execute or join with it in executing, or to reinsure said bonds, this instrument shall insure to the benefit of such other company or companies, its or their successors and assigns, so as to give it or them a direct right of actions against the Indemnitors to enforce the provisions of this instrument.
8. An itemized statement of payments made, and expenses incurred, by Surety, sworn to by an officer of Surety, shall be *prima facie* evidence of the liability of the Indemnitors to reimburse Surety for such payments.
9. Surety in its sole discretion and without notice to the undersigned, is hereby authorized but not required from time to: (a) make or consent to any change in said bond or to issue or caused to be issued any substitutions, revisions, or renewals thereof, and this instrument shall apply to such substituted or changed bond or renewal and the surety thereon; (b) take such action as it may deem appropriate to prevent or minimize loss under said bond, including but not limited to steps to cancel or procure discharge from liability under said bonds, and (c) adjust, settle or compromise any claim or suit arising under said bond and, with respect to any such claims or suits, to take any action it may deem appropriate and any adjustment, settlement or compromise made or action taken by Surety shall be conclusive against and binding upon the Indemnitors.
10. Indemnitors agree to pay the full amount of the foregoing regardless of (a) the failure of the principal or any Applicant, Owner, or Indemnitor to sign any such bond or (b) any claims that other indemnity, security or collateral was to have been obtained or (c) the release, return or exchange by Surety with or without the consent of the undersigned, of any indemnity, security, or collateral that may have been obtained or (d) the fact that any party signing this instrument is not bound for any reason.
11. Indemnitors hereby irrevocably nominate, constitute, appoint and designate the Surety and its designees as their attorney-in-fact with the right, power, and authority, but not the obligation, to exercise all of the rights and powers of the Indemnitors assigned, transferred, and set over to Surety in this Agreement, and in the name of the Indemnitors, or any one or more of them, to make, endorse, execute, sign, fill in blanks, and deliver any and all additional or other instruments and writings, including, but not limited to, assignments, financing statements, documents, deeds of trust and all other instruments.
12. Indemnitors hereby expressly waive notice from Surety of any claims or demand made against Surety or the principal under the bond or of any information Surety may receive concerning the principal, any contract, or bond. Surety shall have to right to decline any or all bonds herein applied for and shall have the right to withdraw from or cancel the same at any time, all without incurring any liability to the undersigned.
13. If any portion of this agreement be in conflict with any law controlling the construction hereof, such portion of this instrument shall be considered to be deleted and the remainder shall continue in full force and effect. A facsimile or electronic copy of this Agreement, including actual, virtual, electronic, or click-through signatures or affirmations, shall be considered an original and shall be admissible in a court at law to the same extent as an original copy.
14. All obligations of the principal, applicants, and indemnitors to Surety are due, payable, and performable in Baltimore, Maryland, where venue of any action to enforce this agreement may be brought by Surety. Surety shall be entitled to recover all attorney's fees (including those of attorneys employed by Surety), consulting fees, expert fees, collection costs, and claims handling or adjustment expenses in defending any claims made against its bonds or in enforcing any of its rights under this Agreement. Maryland law, without reference to the conflict of law rules of any other state that would apply any other law, shall apply to this Agreement.
15. In consideration of the execution by Surety of the suretyship herein applied for, each of the undersigned, jointly and severally, agree to be bound by all of the terms of the foregoing indemnity agreement executed by the Indemnitors, as fully as though each of the undersigned were the sole Owner or Applicant named herein, and admit to being financially interested in the performance of the obligation, which the suretyship applied for is given to secure.

Fraud Warnings

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OHIO APPLICANTS: 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.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY PRESENTS FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, HELPS, OR CAUSES THE PRESENTATION OF A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANY OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME DAMAGE OR LOSS, SHALL INCUR A FELONY AND, UPON CONVICTION, SHALL BE SANCTIONED FOR EACH VIOLATION WITH THE PENALTY OF A FINE OF NOT LESS THAN FIVE THOUSAND (5,000) DOLLARS AND NOT MORE THAN TEN THOUSAND (10,000) DOLLARS, OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. IF AGGRAVATED CIRCUMSTANCES PREVAIL, THE FIXED ESTABLISHED IMPRISONMENT MAY BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IF EXTENUATING CIRCUMSTANCES PREVAIL, IT MAY BE REDUCED TO A MINIMUM OF TWO (2) YEARS.

RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON,

IMPORTANT SIGNATURE INSTRUCTION

IF SOLE OWNER, applicant must sign as duly authorized representative. Spouse must sign as additional indemnitor below
IF A GENERAL PARTNERSHIP, an authorized partner must sign as duly authorized representative. All partners and spouses must sign as
additional indemnitor. IF A CORPORATION, the president must sign as the authorized representative. All stockholders of 10% or more and
spouses must sign as additional indemnitor.
FILES AN APPLICATION FOR INSURANCE, OR A STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE
PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A CRIMINAL OFFENSE AND
SUBJECT TO PENALTIES UNDER STATE LAW.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE
COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE
BENEFITS.

WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE
COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE
BENEFITS.

WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR
BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT
TO FINES AND CONFINEMENT IN PRISON.

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A
STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON
FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR
THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT,
WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF
THE CLAIM FOR EACH SUCH VIOLATION.

Signed and dated this _____ day of _____.

Applicant

X _____ (SEAL)
Owner, Individually, and as the Authorized Representative of

Applicant
Additional Individual Indemnitors

Witness: **X** _____
(absence of witness does not affect liability)
Name)

(Signature) (Print name)

Witness: **X** _____
(absence of witness does not affect liability)
Name)

(Signature) (Print name)

Witness: **X** _____
(absence of witness does not affect liability)
Name)

(Signature) (Print name)

Additional Corporate Indemnitors

Witness: **X** _____
(absence of witness does not affect liability)
Name)

Company Name: _____
Signature: _____ (SEAL)
Printed Name: _____
Title: _____

Witness: **X** _____
(absence of witness does not affect liability)
Name)

Company Name: _____
Signature: _____ (SEAL)
Printed Name: _____
Title: _____

Witness: **X** _____
(absence of witness does not affect liability)
Name)

Company Name: _____
Signature: _____ (SEAL)
Printed Name: _____
Title: _____

IMPORTANT SIGNATURE INSTRUCTION

Signed and sealed (via the word "seal". Not actual seal required)

IF SOLE OWNER, applicant must sign as duly authorized representative. Spouse must sign as additional indemnitor below.
IF A GENERAL PARTNERSHIP, an authorized partner must sign as duly authorized representative. All partners and spouses must sign as additional indemnitor.
IF A CORPORATION, the president must sign as the authorized representative. All stockholders of 10% or more and spouses must sign as additional indemnitor.