



LICENSE BOND QUESTIONNAIRE

A License Bond is a bond that is required by state law, municipal ordinance or regulation, to be filed prior to granting of a license to engage in a particular business or a permit to exercise a particular privilege

A LICENSE BOND IS NOT AN INSURANCE POLICY. BY SIGNING THIS APPLICATION YOU ARE AGREEING TO INDEMNIFY, REIMBURSE AND HOLD HARMLESS THE SURETY INSURANCE COMPANY FOR ANY AMOUNT IT MAY BE REQUIRED TO PAY AN OBLIGEE IN YOUR NAME

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

1) Company Name or Principal to be licensed: _____
The Name Listed Here Must Read Identically to the Name on Your License Application

2) Mailing Address: _____
Address City State Zip Code
Mailing Address Must Read Identically to the Mailing Address Provided to The State

3) Phone: _____ Fax: _____ Email: _____

4) Effective Date: _____ Expiration Date: _____ Bond Amount: _____

5) State, Owner or Obligee Requesting Bond: _____

6) Type of License: _____
Private Detective or Investigator Security/Watchguard Patrol Alarm/ Security Systems Installation

7) Nature of your business: _____

8) Do you or your organization have a current license for this obligee? Yes No Exp. Date: _____
License # _____

9) Social Security #: _____ OR Federal ID #: _____

10) Has any company owned by you ever failed in business? Yes No

11) Have you ever had your license suspended, revoked, or denied? Yes No

12) Have you or your company ever declared bankruptcy? Yes No

13) Have you ever had any lawsuits judgments, or liens against you? Yes No

14) Do you have a current surety bond with another company? Yes No

If yes, what is the name of that insurance company? _____

15) Has any prior surety company ever cancelled, refused renewal or denied your application? Yes No

16) Have you ever had a prior surety pay a bond claim? Yes No

17) Are you willing to personally indemnify surety? Yes No

18) Do you maintain Commercial Liability & Errors and Omissions Insurance? Yes No

Current Insurance Company: _____ Policy Expiration Date: _____

Current Insurance Broker: _____ Limit of Insurance: _____



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YOUR AUTHORIZATION TO ALLOW US TO RUN A CREDIT-CONSUMER REPORT

I hereby authorize The Mechanic Group, Inc. and/or Great American Insurance Company to conduct a comprehensive review of my background and credit history causing a consumer report and/or an investigative consumer report to be generated for surety credit purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to The Mechanic Group, Inc. and/or Great American Insurance Company

I hereby release Great American Insurance Company & The Mechanic Group, Inc. its agents, employees, officers, owners and representatives from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of the authorization i have given. I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

FRAUD WARNING

This questionnaire must be completed in full as the underwriting decision will be based solely on the information provided. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. By signing this questionnaire, the signor warrants that to their best knowledge all information given is true and accurate.

INDEMNIFICATION

The Applicant Hereby Agrees;

The applicant(s) and the Indemnitor(s), if any, hereby authorize the Surety 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 Surety for any suretyship or claim obligations expire.

Indemnity Agreement ; You Agree To Indemnify The Surety As Follows;

The undersigned hereby declare that the statements made herein are true and correct, and are made to induce the Surety to execute, renew or continue a bond or bonds (hereinafter referred to as the "Bonds"). In consideration of the execution, renewal or continuation by the Surety of the Bonds, the Undersigned, jointly and severally, agree as follows: To pay the premium for the first year and annually in advance thereafter as long as liability shall continue under the Bonds, or any continuation or renewal thereof, or substitute therefore; To indemnify the Surety against all loss, liability, costs, damages, attorney's fees and expenses whatever, which the Surety may sustain or incur by reason of executing the Bonds, in making any investigation on account thereof, in prosecuting or defending any action which may be brought in connection therewith, in obtaining a release there from, and in enforcing any of the agreements herein contained; That the Surety shall have the right, and is hereby authorized, to investigate, adjust, settle or compromise any claim, demand, suit or judgment upon the Bonds; To deposit with the Surety, upon demand, an amount sufficient to discharge any claim on the Bonds; To waive, and here does waive, all right to claim any property, including homestead, exempt from levy, execution, sale or other legal process under the law of any state or states; That the Surety shall be under no obligation to execute, renew or continue any bond, and shall have the absolute right to cancel the Bonds, or any of them, in accordance with any cancellation provision contained therein, or to procure its release from any bond under any law for the release of sureties, and Surety is hereby released from any damage that may be sustained by the undersigned by reason of such cancellation or release; The Undersigned's' obligations under this Agreement may only be terminated by sending written notice to the Surety. Such notice shall be effective twenty (20) days after receipt of the notice of termination, but in no event shall such notice operate to modify, bar, or discharge the Undersigned's as to the Bonds that may have been executed before the effective date of termination; That this Agreement shall be binding upon the Undersigned and each of them whether signing as applicant for the bond or as indemnitor, and upon their respective heirs, executors, administrators, successors and assigns, and shall be liberally construed as against the Undersigned.

Your Name

Signature

Date

Name of Entity Applying for Surety Credit

Title