

PO Box 69
Conway, AR 72033
Phone: (501) 255-2663
Fax: (501) 255-3299



1100 Bob Courtway Drive
Suite #16
Conway, AR 72033
Applications@BondAmerica.com

CITY PERMIT BOND APPLICATION

Applicant's name in full (If a partnership, give name of each partner)		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Address (Give number, street, city, state, & zip code)		Occupation (type of work)
Type of Bond Requested LICENSE/PERMIT		Amount of Bond
Name of Obligee		Address of Obligee
Has Application for this bond been declined by another company? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Why?		Phone Number
		Phone Number
Have you obtained Prior Surety? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give name and reason for change:		

Has the business or any other Principal involved:

A. Had any lawsuits or judgments against them?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Ever failed in business or declared Bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Ever been convicted of a felony offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. Ever had their license suspended, revoked, or denied?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. Ever been party to a Surety bond claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In any answers are YES, please provide details on the back of this application

Net Worth	Do you carry General Liability Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO Limits?	Do you carry Property Damage Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO
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GENERAL INDEMNITY AGREEMENT

The Undersigned hereby declares the truth of the representations herein, and that they are made to induce THE SURETY COMPANY to issue the Bond(s) applied for. The Undersigned agrees that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability whatsoever to the Undersigned. In consideration of the issuance of the Bond(s) herein applied for, or any Bond(s) in substitution for or in succession of the said Bond(s), or any increase or extension of time of the said Bond(s), the Undersigned hereby agrees:

- To hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms and corporations in order to confirm and verify information referred to or listed herein;
- To pay to the Surety the agreed premium upon execution of the Bond(s) and annually in advance thereafter;
- To furnish the Surety with satisfactory and conclusive termination evidence that there is no further liability on the Bond(s);
- To perform all the conditions of said Bond(s) and will indemnify and save the Surety harmless from demands, losses, costs, damages and expenses, including attorney's and counsel fees deemed necessary by the Surety, which Surety may sustain or incur by reason of the issuance of such Bond(s), or obtaining a release of or evidence of termination under such Bond(s);
- That the Surety shall have the exclusive right to adjust, settle or compromise any claim under such Bond(s) unless the Undersigned shall in writing request the Surety to litigate such claim and shall deposit immediately with Surety collateral satisfactory to the Surety in kind and amount;
- That the voucher or other evidence showing payment made by the Surety in good faith by reason of such Bond(s) or any renewal, extension or substitution thereof shall be conclusive and in any event prima facie evidence of such payment and the property thereof and of the liability of the Undersigned therefore to the Surety and;
- The Undersigned further agrees to reimburse the Surety for all expense, counsel and attorney fees incurred by the Surety in enforcing any provision of this agreement. Regardless of the date this indemnity Agreement is signed, it is effective as of the date of execution of the above mentioned Bond(s) pursuant to certain promises the agreements made by the Undersigned.

Name of Business (Printed) _____ By: _____ Signature _____ Date _____

THE OWNER(S) OF THE BUSINESS MUST SIGN BELOW AS INDIVIDUAL INDEMNITOR

Name (Printed) _____ Name (Printed) _____
By: _____ SS # _____ By: _____ SS# _____

PREMIUM: \$100.00 Annual