

BEDFORD UNDERWRITERS, LTD.

315 East Mill St., P. O. Box 278
 Plymouth, WI 53073
 Ph. (920) 892-8795
 (800) 735-1378
 FAX (920) 892-8980

Short Form Application / For License or Permit & Miscellaneous Bonds

1. AGENT/BROKER INFORMATION	Agent/Broker Name:	Phone# ()	Fax # ()
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2. BOND INFORMATION	Type of Bond (Attach Bond Form)	Amount of Bond	Effective Date
Obligee Name:		Obligee Address	

3. BUSINESS INFORMATION	Company Name (Must be exactly as it appears on bond)					Business Phone # ()
Company Address			City	State	Zip Code	Annual Business Income \$
Nature of Business		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Date Formed (Corp. or LLC) / /	# of Owners, Partners or Members:	Annual Other Income \$	
Previous Bonding Company	Reason for Changing Bonding Company					

4. PERSONAL INFORMATION	Individual's Name			Social Security #		Date of Birth / /	
Spouse's Name			Social Security #		Date of Birth / /		
Spouse's Employer			Employer Phone #		Length of Employment		Monthly Income \$
Residence Address			City	State	Zip Code	Residence Phone ()	
<input type="checkbox"/> Own <input type="checkbox"/> Renting <input type="checkbox"/> Apt. <input type="checkbox"/> Buying <input type="checkbox"/> House	Monthly Payment \$	Residence Mortgage Holder	Purchase Date / /	Purchase Price \$	Current Market Value \$	Loan Balance \$	
Are You the Trustee, Trustor or Beneficiary of any Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Declared Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or Prior IRS Liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Ever Failed in Business?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

INDEMNIFICATION AGREEMENT	<p>IMPORTANT! Signature Instructions - The individual who completes this form must also sign the indemnity agreement below. If married, spouse must also sign; however, no missing signature shall invalidate this agreement. Sole Proprietorship - Owner must sign below. If married, spouse must also sign. Partnership - Partners are signing as authorized agents of the partnership and as individually liable indemnitors. If married, spouse must also sign. Corporation or LLC - If corporate officer or LLC member or manager signs indicating his or her LLC capacity, it is nonetheless specifically understood that such individual is signing in his or her corporate or LLC capacity and as an individually liable indemnitor. If married, spouse must also sign.</p> <p>Complete a separate application for each owner, partner, stockholder or LLC member</p>
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I request that Capitol Indemnity Corporation (CIC) execute a bond and consider executing future bonds for the above named company and/or individual (Principal). I authorize CIC or its agents to investigate my credit and Principal's credit, now and at any time in the future, with any creditor, supplier, customer, financial institution, or other person or entity. I make the following promises so that CIC will execute a Bond and consider executing future bonds:

- I agree that the following definitions apply: (a) Bond means (i) any surety bond, undertaking, or other express or implied obligation of guaranty or suretyship, signed or committed to by CIC at the request of Principal, or any of the indemnitors (regardless of what business entity is named on the Bond), on, before, or after the date of the agreement pursuant to which CIC is or may be made liable for Loss, whether or not Principal is also Liable, and (ii) all riders, endorsements, continuations, renewals, substitutions, modifications, extensions, replacements and reinstatements thereto; and changes in the penal sum thereto; and (b) Loss means any payment or expense either incurred or anticipated by CIC in connection with any Bond or this agreement, including to: payment of bond proceeds or any other expense in connection with claims, potential claims, or demands; claim fees, penalties; interest; court costs; collection agency fees; costs related to taking, protecting, administering, realizing upon, or releasing collateral; and attorney's fees (including but not limited to those incurred in defense of bond claims or pursuing any rights of indemnification or subrogation and in obtaining and enforcing any judgment arising from those rights).
- I, individually, and jointly and severally with Principal and all other indemnitors, agree to hold CIC harmless from all Loss and to pay back or reimburse CIC for all Loss.
- I agree to pay CIC each annual premium due according to the rates in effect when each payment is due. I agree that premium for a Bond is fully earned upon execution of a Bond and is not refundable.
- I agree that a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement.
- I agree that CIC may obtain a release from its obligations as surety on a Bond whenever any such release is authorized by law.
- I agree that CIC has the exclusive right to decide whether to pay, compromise, or appeal any claim against a Bond.
- I agree that I cannot terminate my liability to CIC created by this agreement except by sending written notice of intent to terminate to CIC. Written notice to terminate shall be sent to CIC at its home office, PO Box 5900, Madison WI, 53705-5900. I agree that the termination will be effective thirty working days after actual receipt of such notice by CIC, but only for Bonds signed or committed to by CIC after the effective date. Thus, I agree that I will remain liable to CIC for Loss on Bonds signed or committed to by CIC prior to the effective date of termination.
- I agree that CIC can bring any legal action arising out of or in any way related to any Bond or this agreement in Dane County, Wisconsin and the Wisconsin law shall apply where CIC makes such election.

Date	Company Name
Indemnitor's Signature	Indemnitor's Name (Print)
Indemnitor's Spouse's Signature	Indemnitor's Spouse's Name (Print)

For Internal Use Only	Approved <input type="checkbox"/> Declined <input type="checkbox"/>	Underwriter Signature	Dated:
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