

**CONSUMER LENDER / CHECK CASHER LICENSE BOND APPLICATION**



**State Where Bond Required** \_\_\_\_\_ **Bond Amount** \_\_\_\_\_ **Effective Date** \_\_\_\_\_ **Premium Payable:**  
 \_\_\_\_\_  
 **Annually**       **3 year prepaid**

**Exact Name and Address of Applicant (Licensee):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Phone ( )** \_\_\_\_\_ **Fax ( )** \_\_\_\_\_

**Circle One: Corporation, LLC, Partnership, Proprietorship**  
**Tax ID #** \_\_\_\_\_  
**State of Incorporation:** \_\_\_\_\_

**E-Mail address:** \_\_\_\_\_

<u>Owners</u> (please attach additional sheet if necessary)	<u>Ownership Percentage</u>	<u>Home Address</u>	<u>Social Security #</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
<b>Total</b>	<b>100%</b>		

- (1) Date organization was formed \_\_\_\_\_. If less than 3 years, please furnish owner's résumé.  
(mo./yr.)
- (2) What is:
  - A. the maximum dollar amount you will lend to anyone? \_\_\_\_\_
  - B. estimated number of loans annually? \_\_\_\_\_
- (3) Has the Licensee or anyone having ownership in this business ever filed for bankruptcy for itself, any other entity, or been insolvent? Yes  No ; If yes, please provide details:  
\_\_\_\_\_
- (4) Has the Licensee or anyone having ownership in this business ever been the subject of any proceedings resulting in disciplinary action or found to have violated or to have aided, abetted, counseled, commanded, induced or procured the violation of any law, rule or regulation of any agency responsible for regulating financial institutions or lenders in any jurisdiction?  
Yes  No ; If yes, please provide details:  
\_\_\_\_\_
- (5) Has the Licensee or anyone having ownership in this business ever been associated in any endeavor related directly or indirectly to business or financial activities with any person which was subject to regulatory sanctions by a state or federal agency at the time you were associated with them? Yes  No ; If yes, please provide details:  
\_\_\_\_\_
- (6) Is the Licensee or anyone having ownership in this business named as a defendant in any specific or class action legal action?  
Yes  No
- (7) Have there ever been any judgements or liens filed against the Licensee or anyone having ownership therein?  
Yes  No ; If yes, please provide details:  
\_\_\_\_\_
- (8) In what other states are you licensed?  
\_\_\_\_\_
- (9) Has the Licensee ever been canceled or declined for a Surety Bond? Yes  No ; If yes, please provide details:  
\_\_\_\_\_
- (10) In what trade associations do you hold membership? \_\_\_\_\_

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

**Indemnity Agreement**

The undersigned Applicant and Indemnitor(s), (all hereinafter called the Indemnitor(s)) hereby certify that the foregoing declarations made and answers given are the truth without reservation, and are made for the purpose of inducing the Surety to execute a certain bond or undertaking herein applied for, and any renewal, continuation or increase of the same, or any bond of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used).

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself or its affiliates, parent and subsidiaries, individually and collectively called The Hartford, as "Surety", shall execute or procure the execution of the bond or undertaking hereinbefore applied for, which bond and application are hereby referred to and made a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with The Hartford as follows:

The Indemnitor(s) will pay the premiums and renewal premiums for each bond issued hereunder, until the Surety has received written legal evidence, satisfactory to the Surety, of its discharge from all such bonds and all liability related thereto.

The Indemnitor(s) agree to indemnify the Surety and save it harmless from all loss and expense, including, but not limited to interest, court costs, attorney fees, incurred by the Surety by reason of any claims against the Surety under any such bond.

The undersigned Indemnitor(s) hereby agree to deposit upon demand with the Surety an amount sufficient to discharge any claim or any such bond.

**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 AND DENIAL OF BENEFITS.**

WITNESS the following signature(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**If APPLICANT is an individual:**

Witness: \_\_\_\_\_

(print above name here)

Witness: \_\_\_\_\_

(print above name here)

Signature \_\_\_\_\_

(print above name here)

Signature \_\_\_\_\_

(print above name here)

**If APPLICANT is a partnership or corporation:**

Witness: \_\_\_\_\_

(print above name here)

Name of Firm/Corporation \_\_\_\_\_ (Seal)

By (Signature) \_\_\_\_\_

(print above name here)

Title (print) \_\_\_\_\_

**Third Party Indemnitors: (including personal indemnitors of S-Corporations)**

In consideration of the Surety executing the bond hereinabove applied for, we jointly and severally join in the foregoing indemnity agreement.

Witness: \_\_\_\_\_

(print above name here)

Signature of Indemnitor \_\_\_\_\_ (Seal)

(print above name here)

Witness: \_\_\_\_\_

(print above name here)

Signature of Indemnitor \_\_\_\_\_ (Seal)

(print above name here)

**Reminder – Please make sure the application has been SIGNED, WITNESSED and NOTARIZED in the appropriate areas.**

**Must be acknowledged before Notary Public by Indemnitor(s):**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ before me personally appeared the above individuals to me known to be the person(s) or partner(s) or member(s) of the partnership or limited liability company or officer(s) of the corporation that signed the foregoing instrument and acknowledged the execution of the same to me.

\_\_\_\_\_ (Seal)

(Notary Public)

My commission expires:

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