



APPLICATION FOR SURETY LICENSE BOND CREDIT COUNSELING/DEBT MANAGEMENT

INITIAL BOND REQUIRED:

State _____ Amount _____ Effective Date _____ Billing Options: _____ Annual _____ 3 Year Prepaid
License Type: _____

Name and Address (Exactly as shown on the state application/license) _____ **Phone** _____
 _____ **Fax** _____
 _____ **Email** _____

 _____ **Tax ID #** _____
State of Incorporation _____

Corporation **LLC** **Proprietorship** **Partnership**

Owner(s) - attach additional sheet if necessary	%	Home Address	Signature – provides authorization under FCRA pre-notification on page 2
A. _____	_____	_____	_____
SS#: _____		_____	_____
B. _____	_____	_____	_____
SS#: _____		_____	_____
C. _____	_____	_____	_____
SS#: _____		_____	_____
Total: 100%			

1. How did you hear about Scott Bond Services? _____
2. Date organization was formed: _____. # Years under present ownership: _____.
3. Does the Licensee/Applicant have Employee Dishonesty (Fidelity) insurance coverage in place? Yes No
 Carrier: _____ Limit: \$ _____ Deductible: \$ _____
4. In what other states are you licensed? _____
5. If answering yes to any of the questions below, please provide details on an additional sheet.
 - A. Has the Principal or anyone listed in the Owner section above ever been the subject of disciplinary action? Yes No
 - B. Has anyone having ownership in this business ever filed for bankruptcy? Yes No
 - C. Does a CPA prepare your financial statements at least annually? Yes No
 If so, please indicate basis: Compilation ____ Review ____ Audit ____
 - D. Do you have a formal banking line of credit? Yes No
 If so, please indicate amount: \$ _____

Please provide names, addresses and phone numbers of:

Banker: _____

 Phone: _____

CPA (if applicable): _____

 Phone: _____

FCRA (FAIR CREDIT REPORTING ACT) PRE-NOTIFICATION: The Applicant, Owner(s) thereof as listed on this application, and/or any additional Indemnitor(s), hereby authorize Scott Bond Services/Scott Insurance, and/or any Surety involved in the application process to complete an investigation as part of the underwriting process in consideration of this application. The investigation may include but is not limited to the following: obtaining credit reports/histories through third-party credit reporting agencies; personal interviews with third parties such as state or federal regulators, business associates, financial sources, or others with whom you are acquainted; inquiries as to your character, general reputation, mode of living, and confirmation of bank balances or other items on any financial statements furnished. Information obtained may be shared between Scott Bond Services/Scott Insurance and any Surety involved in the application process. The authorization for this investigation is valid until all liability for any suretyship or related claim obligations expires. You have the right to make a written request within a reasonable period of time for a complete disclosure of information concerning the nature & scope of the investigation and to request a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act".

INDEMNITY AGREEMENT: The Undersigned hereby declare that the statements made herein are true, correct, and made to induce the Surety to execute or continue a bond or bonds (hereinafter referred to as "Bonds"). In consideration of the execution or continuation of the Bonds by the Surety, the Undersigned, jointly and severally, agree as follows: (1) To pay the premium as long as liability shall continue under the Bonds, or any continuation thereof, or substitute therefore; (2) To indemnify the Surety against all loss, liability, costs, damages, attorney's fees, and expenses whatsoever which the Surety may incur by reason of executing the Bonds, in making any related investigation, in prosecuting or defending any action brought in connection herewith, in obtaining a release therefrom, and in enforcing any agreements herein contained; (3) 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; (4) To deposit with the Surety upon demand an amount sufficient to discharge any claim on the Bonds; (5) That any Oblige on any bond written pursuant to this Agreement is specifically authorized and requested to disclose any and all information including providing copies of documents, whether deemed confidential or not, requested by the Surety in investigation of any claim. The Undersigned irrevocably appoint the Surety as their Attorney In Fact with the right but not the obligation to exercise its rights and execute or deliver any document in the name of the Undersigned deemed necessary to carry out the intent and purpose of this agreement; (6) To waive, and hereby 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; (7) That the Surety shall be under no obligation to execute or continue the Bonds and shall have the absolute right to cancel the Bonds in accordance with cancellation provision contained therein, or to procure its release from the Bonds under any law for release of sureties. The Surety is hereby released from any damage sustained by the Undersigned by reason of such cancellation or release; (8) The Undersigneds' obligations under this Agreement may only be terminated by sending written notice to the Surety, and such termination shall be effective thirty days after receipt of the notice, but in no event shall such notice affect the Undersigneds as to the Bonds executed before the termination; (9) That nothing herein shall be construed to waive or abridge any right or remedy the Surety might have had if this instrument were not executed; (10) 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; (11) That this agreement shall extend to any and all Bonds heretofore or hereafter executed by the Surety for the Undersigned or its nominee; (12) A facsimile signature of this document shall be deemed an original signature for any and all purposes.

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_____.

APPLICANT:

Name of Firm/Corporation _____

By: *Signature:* _____

Witness Signature: _____

Print Name: _____

Print Witness Name: _____

Please check one: President Member Individual Partner Other Officer: _____

ADDITIONAL INDEMNITOR(S):

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

Signature of Indemnitor: _____

Signature of Witness: _____

Print Indemnitor Name: _____

Print Witness Name: _____

Signature of Indemnitor: _____

Signature of Witness: _____

Print Indemnitor Name: _____

Print Witness Name: _____

Signature of Indemnitor: _____

Signature of Witness: _____

Print Indemnitor Name: _____

Print Witness Name: _____

PLEASE FAX COMPLETED APPLICATION TO SCOTT BOND SERVICES AT 434-832-2287.