JUDICIAL BOND APPLICATION
Commercial Surety

Bond Number:

Bond Information

TYPE OF BOND/ UNDERTAKING	BOND AMOUNT	CASE NUMBER	HEARING DATE
	$		
NAME OF COURT		STATE	CODE SECTION

Attorney Information

ATTORNEY NAME	STATE BAR NUMBER (SBN)	EMAIL ADDRESS
LAW FIRM		PHONE NUMBER
ATTORNEY ADDRESS (ADDRESS/CITY/ STATE/ ZIP)		

Principal Information (If Principal is a Legal Entity)

PRINCIPAL NAME	PHONE NUMBER
PRINCIPAL ADDRESS (ADDRESS/ CITY/ STATE/ ZIP)	

If Principal is an Individual

INDIVIDUAL'S FIRST NAME/ MIDDLE NAME/ LAST NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER
☐ Own ☐ Rent	INDIVIDUAL'S HOME ADDRESS (ADDRESS/CITY/ STATE/ ZIP)		
EMAIL ADDRESS			HOME/ MOBILE PHONE
☐ Employed / Self Employed ☐ Retired	EMPLOYER NAME		LENGTH OF EMPLOYMENT
OCCUPATION or SELF EMPLOYED BUSINESS TYPE		ANNUAL INCOME $	NET WORTH $
BANK NAME		BANK ACCOUNT NUMBER	
BANK ADDRESS (ADDRESS/CITY/ STATE/ ZIP)			

Have you ever had a criminal conviction or civil judgment for fraud? ☐ Yes ☐ No

Have you ever declared bankruptcy? ☐ Yes ☐ No

If you answered YES to any of the questions above, please provide a detailed explanation.

If Principal is a Legal Entity (List ALL Owners, attach on a separate sheet if necessary)

NATURE OF BUSINESS		BUSINESS TAX ID NUMBER
OWNER FULL NAME	HOME ADDRESS (ADDRESS/CITY/ STATE/ ZIP)	SOCIAL SECURITY NUMBER
OWNER FULL NAME	HOME ADDRESS (ADDRESS/CITY/ STATE/ ZIP)	SOCIAL SECURITY NUMBER
OWNER FULL NAME	HOME ADDRESS (ADDRESS/CITY/ STATE/ ZIP)	SOCIAL SECURITY NUMBER
OWNER FULL NAME	HOME ADDRESS (ADDRESS/CITY/ STATE/ ZIP)	SOCIAL SECURITY NUMBER
BANK NAME AND ADDRESS (ADDRESS/CITY/ STATE/ ZIP)		BANK ACCOUNT NUMBER
OWNER EMAIL ADDRESSES		

- □ Attach a copy of the court order and /or judgment for the bond.
- □ Attach copies of other supporting court documents.

INDEMNITY AGREEMENT - First year's premium is fully earned upon issuance of the bond.

The undersigned ("Applicant") and indemnitors request that Great Midwest Insurance Company ("Surety") and its affiliates, subsidiaries, and reinsurers (hereinafter collectively referred to as the "Company") furnish the above bond and such other bonds that may be required by or on behalf of the Applicant. The undersigned certifies that all the information provided is true and agrees as follows:

1. In consideration of the Surety executing or guaranteeing any bond or bonds and for value received, Applicant hereby covenants, promises, and agrees to pay Surety an annual premium in advance each year during which liability under the bond shall continue in force until satisfactory evidence of termination of the Surety's liability is furnished to the Surety.
2. The Applicant and indemnitors, jointly and severally, agree to indemnify and keep indemnified the Company from and against any and all liability, costs, charges, suits, damages, attorney fees and expenses of whatever kind or nature which the Company may at any time sustain or incur, for or by reason, or in consequence of Company having become surety or executing such bond or bonds.
3. The Applicant agrees to waive notice of the execution of the bond, notice of any fact, knowledge or information affecting the Applicant's rights or liabilities under the bond that Surety may have or discover prior to or after the execution of the bond.
4. The Company shall have the right to examine the credit history, department of motor vehicle records, employment history, books and records of the undersigned or the assets covered by the bond, or the assets pledged as collateral for the bond.
5. The undersigned, upon written demand, shall deposit with Surety a sum of money requested by Surety to cover any claim, suit, expense, or judgment that Surety may in its absolute discretion determine is necessary and the deposit shall be pledged as collateral security on any such bond or other bonds the Surety may have issued for the undersigned. The undersigned hereby irrevocably appoints Surety as their attorney in fact to execute any documents necessary to perfect Surety's security interests in any collateral submitted to Surety.

"ANY PERSON WHO KNOWLINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS SUCH PERSON TO CRIMINIAL AND CIVIL PENALTIES."

Regardless of the date of signature, this indemnity is effective as of the date of execution and renewal of the aforementioned bond(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein and in the bond(s).

Signed, sworn to and dated this _____ day of _____ , _____.

_____
Principal Name

_____ _____
Principal Signature *Print Name* *Title*

Additional Indemnitors (if required)

_____ _____ _____ _____
Additional Indemnitor Signature *Print Name* *Additional Indemnitor Signature* *Print Name*

_____ _____ _____ _____
Additional Indemnitor Signature *Print Name* *Additional Indemnitor Signature* *Print Name*

DETAILED EXPLANATION