



ALPHA SURETY

A Gallagher Company

Licensed in all US states, Puerto Rico & USVI
 National Service Center:
 650 S. Shackleford Rd., Ste. 325, Little Rock, AR 72211
 Phone: 501-537-4568 Fax: 501-537-7778
 www.alphasurety.com service@alphasurety.com

SURETY BOND APPLICATION

1 BOND INFORMATION	Type of Bond:	Amount of Bond:	Effective Date:
Obligee Name (who's requiring the bond):		Obligee Address (if you have it):	Expiration Date:
2 PRINCIPAL INFORMATION	Principal Name (Exactly as it needs to appear on the bond):		Business Phone#:
Principal Street Address:		City:	State: Zip Code: County:
Contact Name:		Contact Phone #:	Contact Email:
Nature of Business:		State of Incorporation:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation
Years in Business?	Approximate Revenue \$	# of Owners, Partners or Members:	Previous Bonding Company: Why Leaving?
3 PERSONAL INFORMATION	Please complete the following for any owner	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 Pending Lawsuits? <input type="checkbox"/> Yes <input type="checkbox"/> No
IMPORTANT: Signature Instructions - 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 & as individually liable indemnitors. If married, spouse must also sign. Corporation or LLC - If corporation or LLC, a corporate officer or managing member must sign. If married, spouse must also sign.			

INDEMNIFICATION AGREEMENT

I request that SURETY execute a bond & consider executing future bonds for the above named company &/or individual (Principal). I authorize SURETY or its agents to investigate my credit & Principal's credit, now & 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 SURETY will execute a Bond & 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 SURETY 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 SURETY is or may be made liable for Loss, whether or not Principal is also Liable, & (ii) all riders, endorsements, continuations, renewals, substitutions, modifications, extensions, replacements & reinstatements thereto; & changes in the penal sum thereto; & (b) Loss means any payment or expense either incurred or anticipated by SURETY in connection with any Bond or this agreement, including: 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; & attorney's fees (including but not limited to those incurred in defense of bond claims or pursuing any rights of indemnification or subrogation & in obtaining & enforcing any judgment arising from those rights).
- I, individually, & jointly & severally with Principal & all other indemnitors, agree to hold SURETY harmless from all Loss & to pay back or reimburse SURETY for all Loss.

- I agree to pay SURETY 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 & is not refundable.
- I agree this application & agreement may be transmitted via facsimile or electronic mail & such application & agreement transmitted via facsimile or electronic mail shall be considered an original, signed application & agreement & shall be admissible in a court of law to the same extent as the original agreement.
- I agree that SURETY may obtain a release from its obligations as surety on a Bond whenever any such release is authorized by law.
- I agree that SURETY 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 SURETY created by this agreement except by sending written notice of intent to terminate to SURETY. Written notice to terminate shall be sent to SURETY at its branch or home office. I agree that the termination will be effective thirty working days after actual receipt of such notice by SURETY, but only for Bonds signed or committed to by SURETY after the effective date. Thus, I agree that I will remain liable to SURETY for Loss on Bonds signed or committed to by SURETY prior to the effective date of termination.
- The undersigned agrees that this document & any & all bonds issued by the Surety will be subject to the terms of the Uniform Electronic Transactions Act (UETA) to the extent that the UETA has been adopted by the state legislature in the relevant jurisdiction, & any & all substantially similar federal or state legislation designed to regulate electronic commerce.
- I agree that with my signature below, I am representing myself as both Principal & Individual Indemnitor as used above.

The undersigned also hereby agrees (a) that Alpha Surety, a Gallagher Company, and Arthur J Gallagher Risk Management Services, Inc. is acting on behalf of the bonded Principal; (b) that services include the collection of underwriting information, assistance in the underwriting function & all processing & servicing the bond while it is in effect; (c) that the exact amount of any broker fees charged will be fully disclosed on the invoice for this bond; & (d) that the broker may be entitled to receive compensation from the carrier from the Principal's purchase of surety bonds.

By: _____ Print Name & Title: _____ Date: _____
 (Signature for Principal Indemnitor)

Personal Indemnitor's Name:	Signature for personal indemnitor:		Social Security #:	Date of Birth:
Residence Address:	City:	State:	Zip Code:	Residence Phone:
Spouse's Name:	Signature for spousal indemnitor:		Social Security #:	Date of Birth:
Additional Personal Indemnitor's Name:	Signature for additional personal indemnitor:		Social Security #:	Date of Birth:
Residence Address:	City:	State:	Zip Code:	Residence Phone:
Spouse's Name:	Signature for spousal indemnitor:		Social Security #:	Date of Birth: