



PALMETTO SURETY
CORPORATION

Where the Agents and Agencies are First and Foremost.

COMMERCIAL BOND APPLICATION

109 River Landing Drive, Suite 200, Charleston, SC 29492
Email address: underwritingapproval@palmettosurety.net
Phone: (843) 971-5441 • Fax number: (843) 377-8019

Agency Code: _____

Agency Name: _____

1. PLEASE PRINT OR TYPE
2. COMPLETE CAREFULLY
3. ENCLOSE ALL PAPERS FOR THIS BOND

Applicant/(Principal): _____

Address: _____

Applicant Home Phone: _____ Work Phone: _____

Email: _____

Company Name: _____

Email: _____

Address (Physical not Mailing): _____

Applicant's Business or Occupation: _____

Years in Business: _____ Fed Tax ID: _____ SS#: _____

Company Phone: _____ Fax No: _____ Email: _____

Obligee - party requiring the bond: _____

Obligee Mailing Address: _____

Phone Number: _____

Bond/Penalty Amount _____ Effective Date _____ Bond Term (If known) _____

GENERAL FOLLOW UP QUESTIONS

Years in this
Profession?

Has the principal (applicant) ever been a party to a surety bond claim? ☐ Yes ☐ No
If "Yes", please submit full details. _____

Has the principal (applicant) ever had a bond involuntarily
cancelled or a previous application for any bond declined?
☐ Yes ☐ No

If "Yes", please submit full details.

Has the principal (applicant) professionally or personally had any
lawsuits or judgments against him/her in the last five years?
☐ Yes ☐ No

If "Yes", please submit full details.

Has the principal (applicant) professionally or personally ever
declared bankruptcy in the last five years? ☐ Yes ☐ No

Does the principal (applicant) currently carry general liability
insurance? ☐ Yes ☐ No

To complete this application on line, please visit our Bond Store at www.palmettosurety.com.

CONTRACTOR'S LICENSE BOND – FOLLOW UP QUESTIONS	How many years would you like to purchase this bond? <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three Do you have a company to enter? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please complete the company information on page 1.) What type of contractor license are you applying for? _____	
CONTRACTOR SURETY BONDS – SMALL CONTRACTOR, BID, FIDELITY, PERFORMANCE, MAINTENANCE, SUPPLY AND PAYMENT BONDS – FOLLOW UP QUESTIONS	Contractor's license or registration number: _____ Expire date (On Application): _____	Generic Obligee: _____ Address: _____ Phone Number: _____ Who is requesting this bond (Obligee Company, State, City or Person)? _____
Please select type of company structure. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation Amount of the bond you are requesting? _____ Within the last 10 years ever been a party to any civil action for mistrust, fraud or embezzlement? ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Project. _____ Date project will start? _____ In what county will you be conducting business in primarily? _____ Trade name (D/B/A) _____ What type of service does your company provide? _____ How many employees does your company currently employ? _____ Please provide the name of your general liability carrier. _____		(COMPLETE THIS SECTION IF APPLYING FOR PAYMENT BOND) What was your taxable income for prior year? _____ What is the current company assets? _____ What is the current outstanding liabilities? _____ What is your current account receivable? _____ Do you current have any material liens? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please submit full details. _____ _____ Do you currently have any labor liens? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please submit full details. _____ _____ _____ _____
BID BOND – PROJECT & FINANCIAL QUESTIONS	Project Address: _____ Project Name: _____ Project Description: _____ Bid Amount: \$ _____ Bid Start Date: _____ Bid End Date: _____ Contract Price: \$ _____ Contract Start Date: _____ Contract End Date: _____ Project Number: _____ Contract Number: _____ Terms: _____ Job Location (City and State): _____ Anticipated Start Date: _____ Amount of the bond you are requesting? _____ Trade name (D/B/A) _____ Please provide the name of your general liability carrier. _____	
AUTO DEALER BOND – FOLLOW UP QUESTIONS	What is your dealer number? _____	

PUBLIC OFFICIAL BOND – FOLLOW UP QUESTIONS	Expire Date on Application: _____ Have you ever been found guilty of misconduct in office? <input type="checkbox"/> Yes <input type="checkbox"/> No Within the last 10 years ever been a party to any civil action for mistrust, fraud or embezzlement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title of Office elected or appointed to? _____ Date term starts? _____ Date term ends? _____ Amount of the bond you're requesting? _____ Is the position elected or appointed? <input type="checkbox"/> Elected <input type="checkbox"/> Appointed In what county is this position held? _____			
PROBATE BOND - FOLLOW UP QUESTIONS	Name of Deceased (Ward)	Date of death	Date of appointment (Must be less than 6 months, please explain delay.)	Is applicant indebted to the estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain on an attached sheet.)
	Has applicant had prior possession of estate assets (i.e. Power of Attorney, bank accounts, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____ _____ _____		Name and address of Attorney handling this estate. _____ _____ _____ Telephone Number: _____	
	Will the attorney remain involved throughout the duration of this estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Net Worth of estate: \$ _____	
Applicant's relationship to the deceased (ward)? _____ Applicants net worth? _____ Will any ongoing business be continued by fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this bond being requested by another party of interest to the estate? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you understand you must retain an attorney throughout the administration of the estate? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you understand the bond is in effect until a final discharge is signed by the judge and a copy delivered to the surety? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the case number or estate number issued by Probate Court. _____ In what county is this probate court located? Example (Palmetto County) Same for Obligee question. _____ Generic Obligees – (Complete for Administrators Bond, Personal Representative, Guardian Bond, Executer Bond, Conservator Bond, Name: _____ Address: _____ Phone Number: _____ (Complete for Guardian Bond) Please provide the name of minor(s). _____ Minors date of birth: _____ Are Guardianship funds to be used for support of the ward? <input type="checkbox"/> Yes <input type="checkbox"/> No				

ERISA BOND – FOLLOW UP QUESTIONS	What is the amount requested for this policy? _____ What is the total fund balance? _____ Number of fiduciaries? _____ What is the nature of the business? _____ Date the business was established. _____ Do any of these plans contain non-qualifying assets? <input type="checkbox"/> Yes <input type="checkbox"/> No Do any of these plans contain employer securities? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the Sponsor or have any of the Applicant's plans experienced any prior or pending fidelity loss? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the Sponsor or have any of the Applicant's plans been declined coverage by another insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Sponsor of any of the Applicant's plans a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the Applicant wish to have the individual plan names listed on the policy? If Yes, (Palmetto Surety will contact you for additional Information) <input type="checkbox"/> Yes <input type="checkbox"/> No Please list your plan administrator. _____
FUEL TAX/MOTOR FUEL USER FEE BOND – FOLLOW UP QUESTIONS	How many years have you held this license? _____
AGRICULTURAL PRODUCTS DEALER BOND – FOLLOW UP QUESTIONS *****Must complete the Financial Statement	Please select type of company structure. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation In what county is your home office? _____ Amount of the bond you're requesting? _____ Trade name (D/B/A). _____ Please provide the name of your general liability carrier? _____ What is your dealer number? _____ How many years have you held this license? _____ In what county will you be conducting business in (primary)? _____
TOBACCO TAX BOND – FOLLOW UP QUESTIONS	Please provide your license number at it appears on your state forms. (If Applicable) Place N/A if not Applicable. _____ In what county will you be conducting business in (primary)? _____ Please select type of company structure. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation What was your taxable income for prior year? _____ What is the current company assets? _____ What is the current outstanding liabilities? _____ What is your current account receivable? _____ Do you current have any material liens? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please submit full details. _____ _____ Do you currently have any labor liens? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please submit full details. _____ _____ Trade name (D/B/A) _____ Please provide the name of your general liability carrier. _____

Indemnity Agreement

The undersigned applicant and indemnitors hereby request Palmetto Surety Corporation (the "Company") to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application; authorize the Company to verify the information and to obtain additional information from any source, including obtaining a credit report at the time of application. In any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion, and jointly and severally agree:

- 1) To pay the usual premiums, including renewal premiums, to the Company or its agents, when due.
- 2) To completely **INDEMNIFY** the Company from and against any liability, loss, cost, attorney's fees and expenses whatsoever which the Company shall at any time sustain and surety or by reason of having been surety on the bond or any other bond issued for applicant, or for the enforcement of this agreement, or in obtaining a release or evidence of termination under such bonds; regardless of whether such liability, loss, costs, damages, attorney's fees and expenses are caused, or alleged to be caused, by the negligence of the company.
- 3) To furnish the Company with satisfactory and conclusive termination evidence that there is no further liability on this bond or any other bond issued for applicant.
- 4) Upon demand by the Company for any reason whatsoever, to deposit current funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship.
- 5) That the Company shall have the right to handle or settle any claim or suit in good faith. An itemized statement of loss and expense incurred by the Company, sworn to by an officer of the company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the company.
- 6) That the Company may decline to become surety on any bond and may cancel or amend any bond without cause and without any liability which might arise therefrom.
- 7) That the Company shall, without notice, have the right to alter the penalty, terms and conditions of any bond issued for undersigned, and this agreement shall apply to any such altered bond.
- 8) That if a contract or performance bond is issued hereunder, the undersigned hereby assign to the Company any monies now due or hereafter becoming due under the contract, including all deferred payments and retained percentage, supplies, tools, plants, equipment and materials due or used on the contract.
- 9) At the company's discretion, this indemnity agreement shall be governed in all respects by the laws of the State of South Carolina and the undersigned applicant and indemnitors consent to the jurisdiction of the courts of the State of South Carolina and the United States District Court for the District of South Carolina in all actions or proceedings arising from or relating to this indemnity agreement.
- 10) That this indemnity may be cancelled as to subsequent liability by an Indemnitor upon written notice to the Company at 109 River Landing Drive, Suite 200 Charleston South Carolina 29492, effective ten (10) days after the earliest date hereafter upon which the Company could have cancelled all bonds in force for applicant.
- 11) In the event of any payment by the company, to pay the Company interest on each amount at the highest legal rate from the date such payments are made.

By signing, you acknowledge acceptance of such conditions and agree to all terms. Any claims filed against this bond will be held liable by you in order to make the surety as a whole to the default of your action. By the signing of your name as Indemnitor you so agree to all terms and obligations.

Applicant **MUST** sign this indemnity agreement.

(Name of Applicant)

_____ (Date Signed)	_____ (Indemnitor)	SS # _____
_____ (Date Signed)	_____ (Indemnitor)	SS # _____
_____ (Date Signed)	_____ (Indemnitor)	SS # _____
_____ (Date Signed)	_____ (Indemnitor)	SS # _____