

## Commercial's **Express** Application

**Bond Programs up to \$750,000 single / \$1,500,000 aggregate**

**Email to: [express@fmins.com](mailto:express@fmins.com) Direct Line: 704-421-7012**

Type of Bond: \_\_\_\_\_  
 (Attach a copy of the bond form, if available)

Agency (required): \_\_\_\_\_  
 Agent Name: \_\_\_\_\_  
 Agency City: \_\_\_\_\_ Agency State: \_\_\_\_\_

Bond Amount: \$ \_\_\_\_\_ Effective Date of Bond: \_\_\_\_\_ Bond Term, if known: \_\_\_\_\_  
 # of years

Applicant is: (select one)  Individual  Partnership  C-Corp  S-Corp  LLC  \_\_\_\_\_  
 Applicant (Principal): \_\_\_\_\_  
 Name to appear on Bond: \_\_\_\_\_  
 Applicant's Business Address: \_\_\_\_\_  
 Applicant's Business Description: \_\_\_\_\_  
 Number of Years in Business: \_\_\_\_\_ SS#: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_  
 U.S. Citizen?  No  Yes Business Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

Obligee – party requiring the bond (required): \_\_\_\_\_  
 Obligee Address: \_\_\_\_\_

### Underwriting Questions (all bonds)

- Does the Applicant have any other Surety bonds in force with any other Surety company? .....  Yes  No
- Has another Surety company declined to write this or any previous bond? .....  Yes  No
- Have you ever had a bond involuntarily terminated or cancelled? .....  Yes  No
- Has there ever been a claim or legal action against any bond executed on your behalf? .....  Yes  No
- Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens? .....  Yes  No
- Have you or any of your companies declared bankruptcy or become insolvent? .....  Yes  No
- Have you or any of your companies been the subject of any legal or administrative proceedings resulting  
 in disciplinary action? .....  Yes  No
- Have you ever been convicted of a felony? .....  Yes  No

### License & Permit Bonds

- Has the Applicant continuously been in business under the current name and ownership for at least three years? .....  Yes  No
- Does the bond guarantee the performance of a specific contract or agreement? .....  Yes  No
- Does the bond cover any type of environmental or pollution exposure? .....  Yes  No
- Does the bond guarantee the payment of taxes, fees, wages or payment of any type? .....  Yes  No
- Is the applicant a member of an association? .....  Yes  No
- If Yes, print the name of the association: \_\_\_\_\_

### Lost Instrument Bonds

- Description of Lost Instrument: \_\_\_\_\_
- Present Value: \$ \_\_\_\_\_ Is the bond amount  Fixed  Open Penalty?
- In whose name is the instrument or security registered? \_\_\_\_\_
- Has the instrument / security been endorsed?  Yes  No
- Has the instrument / security been assigned to another party?  Yes  No
- Is the instrument / security in bearer form?  Yes  No
- Has notice of loss been given?  Yes  No If yes, to whom? \_\_\_\_\_ Date: \_\_\_\_\_
- Has a stop notice been issued?  Yes  No

### Fiduciary Bonds

Applicant's Age: \_\_\_\_\_ Applicant's Stated Net Worth: \$ \_\_\_\_\_ Are you employed?  Yes  No How long? \_\_\_\_ years  
Date of your appointment: \_\_\_\_\_ Name of the Estate: \_\_\_\_\_  
What is your relationship with the deceased/incompetent/beneficiary? \_\_\_\_\_  
Are you indebted to the estate?  Yes  No If yes, what are terms of repayment? \_\_\_\_\_  
Attorney's Name & Address: \_\_\_\_\_  
Court Jurisdiction (Obligee): \_\_\_\_\_  
Is there an ongoing business?  Yes  No If yes, details: \_\_\_\_\_  
What comprises the estate? Cash \_\_\_\_\_ Securities \_\_\_\_\_ Real Estate \_\_\_\_\_ Other \_\_\_\_\_  
Names of Heirs / Beneficiaries:  
1. \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resident State: \_\_\_\_\_  
2. \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resident State: \_\_\_\_\_  
3. \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resident State: \_\_\_\_\_  
4. \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resident State: \_\_\_\_\_  
5. \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resident State: \_\_\_\_\_

**Copy of he will, trust or court order required – please attach to application.**

#### *Administrator / Executor / Personal Representative Bonds:*

Date of Death: \_\_\_\_\_ Is the estate insolvent?  Yes  No Are there any disputes among the heirs?  Yes  No

#### *Guardianship / Conservatorship / Trustee in Equity Courts:*

This bond is for a  Minor  Incompetent  Beneficiary Age: \_\_\_\_\_

Address of minor/incompetent/beneficiary: \_\_\_\_\_

Assets under court restrictions?  Yes  No If yes, details: \_\_\_\_\_

Is joint control being used for distributions / expenditures?  Yes  No

Does the court require an annual accounting?  Yes  No

What is the estimated duration of the bond? \_\_\_\_\_ years

#### *Receivers / Bankruptcy Trustee / Assignee for the Benefit of Creditors:*

Debtor: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Action:  Liquidation  Reorganization  Receiver of Rents  Other: \_\_\_\_\_

Applicant's Fidelity Coverage Amount: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_

Applicant's Professional Liability or E&O Coverage Amount: \$ \_\_\_\_\_ Carrier: \_\_\_\_\_

**Copy of Court Order, Judgment(s), or other supporting documents should be attached to application.**

### Judicial Bonds

Judgment / Claim Amount: \_\_\_\_\_

Type of Action: \_\_\_\_\_

Case Number: \_\_\_\_\_ Court Jurisdiction: \_\_\_\_\_

Attorney's Name & Address: \_\_\_\_\_

Summary of the Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the case involve a domestic dispute?  Yes  No

**Copy of Court Order, Judgment(s), or other supporting documents should be attached to application.**

Name & Email of Agency personnel to receive copy of completed GIA:

The principal has requested a bond from Frankenmuth Surety and is providing the following information to facilitate the preparation of the General Agreement of Indemnity. This form does not constitute an indemnity agreement, is non-binding and, thus, no signatures are required on this form. Please complete the **Address** sections **without** the use of a **PO Box**:

**PRINCIPAL INFORMATION**

Legal Business Name:	
Address:	Federal Tax ID:
Legal Signatory (Name & Title):	Email:

**INDIVIDUAL INDEMNITOR INFORMATION**

Individual:		Spouse:	
Address:		Address:	
SS#	% of Ownership:	SS#	% of Ownership:
Email:		Email:	

Individual:		Spouse:	
Address:		Address:	
SS#	% of Ownership:	SS#	% of Ownership:
Email:		Email:	

**ADDITIONAL INDEMNITOR INFORMATION**

Legal Business Name:	
Address:	Federal Tax ID:
Legal Signatory (Name & Title):	Email:

Legal Business Name:	
Address:	Federal Tax ID:
Legal Signatory (Name & Title):	Email:

**Corporate Indemnitors:** If other than the 'President' will be signing, please attach a corporate resolution certifying the Officer has been empowered to sign on behalf of the Company.