

APPLICATION FOR BOND — ANY KIND

Applicant (for partnership, give full names of partners and trade names) Please print.			Bond #
Business Address (Street and Number)	(City)	(State)	(Zip)
Home Address (Street and Number)			Phone #
Occupation or business	How long so engaged?	Previous Surety Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name and reason for change	
Type of Bond	Amount of Bond	Effective Date	SS#
Complete name of ObligeTHE STATE OF COLORADO.....			Age Married <input type="checkbox"/> Single <input type="checkbox"/>

FINANCIAL STATEMENT as of _____

ASSETS	LIABILITIES
Cash (List Banks)	Accounts Payable
	Taxes due and Accrued
Stock + Bonds (Describe)	Notes Payable to Bank
	Notes Payable to Others (Describe)
Real Estate, Homestead (A)	Mortgage on Real Estate (A)
Real Estate, Investment (B)	Mortgage on Real Estate (B)
Notes Receivable (Describe)	Other Liabilities (Describe)
Merchandise or Material in Stock	
Other Assets (Describe)	TOTAL LIABILITIES
	Capital Stock (Paid In)
	NET WORTH OR SURPLUS
TOTAL ASSETS	TOTAL LIABILITIES and Net Worth

INDEMNITY AGREEMENT

The undersigned applicant and indemnitors hereby request Pioneer General Insurance Company surety to become surety for the bond applicant. The undersign hereby certify the truth of all statements in the application, authorize the Surety to verify this information and obtain additional information from any source and jointly severally agree;

- (1) To pay the usual premiums including renewal premiums and interest accruing thereon.
- (2) To completely indemnify the Surety from and against any liability, loss, cost, consultation fees, attorney's fees and expenses whatsoever which the Surety shall at anytime sustain as Surety on this bond or any other bond issued for the applicant, for the enforcement of this agreement. Any itemized statement of loss and expense incurred by the Surety, sworn to by an officer of the Surety, shall be *prima facie* evidence of the fact and extent of the losses, which the undersigned must reimburse to the Surety hereunder. In the event of any payment by the surety, the undersigned will pay interest on such loss and expense at the highest legal rate from the date each such payment is made.
- (3) Upon demand by the Surety, for any reason whatsoever, to deposit funds, as collateral security, with the Surety in the amount sufficient to satisfy any pending claim against the Surety arising from its suretyship for applicant. The Surety is entitled to specific performance of this obligation.
- (4) The Surety shall have sole right for itself and for the undersigned, to determine whether any claim, demand, suit or judgment shall be paid settled, defended or appealed, which determination shall be binding upon the undersigned.
- (5) The Surety, in its sole discretion and without liability to the undersigned may at any time decline to become the Surety on any bond and may cancel any bond without cause.
- (6) That the Surety shall have the right to offer the penalty, terms and conditions of any bond issued for the undersigned without cause or notice and this agreement shall remain fully applicable to any such altered bond.
- (7) That if a contract or performance bond is issued hereunder the undersigned hereby assign to the Surety all 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.
- (8) This agreement shall be governed by the law of the State of Colorado. Any suit hereon may be filed in Denver District or County Courts.
- (9) This indemnity agreement may be terminated by the undersigned only by written notice to Pioneer General Insurance Company at 6780 E. Hamden Ave. Denver, CO 80224. Termination shall not relieve the undersigned from liability for any bond in effect on the date notice is given hereunder. Said termination shall be effective ten days (10) after the effective date of cancellation by the Surety of the last bond executed for the applicant hereunder.

Agent: Scott Wood (Above All Insurance) Agent Code: _____ Agent Phone Number: (303) 683-3709 Agent Fax Number: (303) 791-5084
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Signed this _____ day of _____, _____

AGENT'S RECOMMENDATION
