

UHLE INSURANCE SERVICES

www.pawnbrokerbonds.com

| | | | |
|---|------------|------------------------|----------------|
| APPLICANT | | | |
| NAME (MUST BE EXACTLY AS IT IS ON BOND) | | | |
| SOLE PROPRIETOR | | CORPORATION | PARTNERSHIP |
| BUSINESS STREET ADDRESS | | BUSINESS PHONE () | Fax () |
| CITY | | ST | ZIP |
| Name: | Title: | Spouse's name: | Prior Bond Co. |
| Soc. Sec. No. | D.O.B. / / | Spouse's Soc- Sec: No. | |
| HOME ADDRESS | | Home phone | |
| CITY | | ST | ZIP |
| Real Estate Owned | Mortgage | Securities owned | |

Has applicant ever; (a) had an application for a bond declined; (b) compromised with creditors; (c) defaulted on a contract; (d) defaulted on a contract forcing a Surety to suffer a loss; (e) experienced a bankruptcy; (f) been in receivership or been liened by a taxing authority? ___ Yes ___ No (If yes to any of the above, attach a full Explanation.)

| | |
|---|-----------------|
| BOND REQUIRED | |
| Type of bond: | |
| Amount: | Effective Date: |
| To be filed with (Obligee) | |
| Address: | |
| PLEASE ENCLOSE ANY ADDITION PERTINENT INFORMATION (I.E. BOND FORMS, APPLICABLE STATUTES AND PERMITS, COURT) | |

| | |
|--|------------------------|
| ADDITIONAL OWNERS OR PARTNERS AS REQUIRED | |
| NAME: | SPOUSE'S NAME: |
| Soc. Sec. No. | Spouse's Soc. Sec. No. |
| Home Address: | Phone:() |

| | |
|--|---------------------------------|
| BUSINESS INFORMATION | |
| DATE BUSINESS ESTABLISHED: | |
| NAME & BRANCH OF BANK: | Bank Reference: |
| Account No: | Bank Balance: Line of Credit \$ |
| Number of years experience in this field | |

FOR MORE INFORMATION CALL

P.O.Box 16506, Encino, CA 91416

Phone: (818)345-5666~Toll Free:(866)439-2663~Fax:(818)345-1878

License #0792694

Section III — Complete for Bonds listed in Section II (References as to Character and Business Standing of the Applicant-Include Bank)
Standing of the Application-Include Bank)

| Name | Business | Post Office Address |
|------|----------|---------------------|
| | | |
| | | |
| | | |

Fraud Warning:

Any person who knowing 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. *State of NY only.

THE APPLICANT HEREBY AGREES:

In Consideration of the execution by the Surety, of the bond herein applied for the undersigned, hereinafter called the Indemnitor, agrees: **First**, to pay the premium at the Surety's manual rates for the first year and annually in advance thereafter until said Surety is furnished with evidence satisfactory to it of the termination of its liability under the bond; **Second**, to indemnify the Surety against all loss, liability, costs, damages, attorney's fees and expenses whatever, which the Surety may sustain or incur by reason or in consequence of having executed said bond or any continuances, enlargements, modifications or renewal thereof or any new bond issued in continuation thereof or as a substitute therefore. Vouchers or any other evidence of payment by the Surety or any loss, liability, costs, damages, attorney's fees and expenses whatever sustained by it by reason of the execution of said bond or in procuring its release from future liability under said bond shall be prima facie evidence of the fact and extent to the Indemnitors' liability to the Surety; **Third**, the Surety shall have the right, and is hereby authorized, but not required, to adjust, settle, compromise any claim, demand, suit, or judgment, upon said bond unless the undersigned requests the Surety to litigate such claim or demand, or defend such suit, or to appeal from such judgement, and shall deposit with the Surety collateral satisfactory to it in kind and amount; **Fourth**, that the Surety shall have the absolute right to procure its release from future liability under said bond under any law for the release of sureties, and the Surety is hereby released of and from any damages that may be sustained by the Indemnitor by reason of such release; **Fifth**, that a representative of the Surety will be permitted at any time to examine the assets covered by the bond; **Sixth**, that the above agreements shall bind me and my heirs, executors, administrators, successors and assigns, jointly and severally.

SIGNATURE OF APPLICANT FOR BOND

_____ FIRM NAME

_____ PRINT NAME & TITLE

Dated this _____ day of _____, _____

Witness: _____ Applicant: **X**

THE APPLICANT HEREBY AGREES AS FOLLOWS:

- The Surety is authorized to conduct a credit investigation of the Applicant and listed affiliates and applicant will provide all requested financial statements and records.

SECTION IV – COMPLETE FOR CASES REQUIRING ADDITIONAL INDEMNITY AND ATTACH FINANCIAL STATEMENTS OF INDEMNITORS

In consideration of the Surety executing, or procuring the execution of, or refraining from presently exercising its right to cancel, the bond herein applied for, we jointly and severally in the foregoing agreement: and the undersigned, if a corporation, warrants that it is financially interested in the performance of the obligation which said bond applied for is given to secure, and asserts that it is fully empowered to obligate itself hereby.

Dated this _____ day of _____, _____

Witness: _____ Indemnitor: **X** (L.S.)

Witness: _____ Indemnitor: **X** (L.S.)

Witness: _____ PRINT NAME OF INDEMNITOR HERE: _____ Indemnitor: **X**

Witness: _____ PRINT NAME OF INDEMNITOR HERE: _____ Indemnitor: **X**

Must be acknowledged before Notary Public by Indemnitor(s) _____
PRINT NAME OF INDEMNITOR HERE: _____

State of _____

County of _____

On this _____ day of _____, _____ before me personally appeared _____

to me known to be the person(s) or member(s) of the partnership or officer(s) of the corporation that signed the foregoing instrument and acknowledged the execution of the same to me.

F.9685G (05/2000)

Notary Public

Witness

Sign

Witness

Sign

Notary