



Agency Name or Code _____
Producer Name _____

MORTGAGE BROKER BOND APPLICATION

This application must be **fully completed**, as well as signed, witnessed, and dated by the Applicant and all other Indemnitors.
 *Please provide: **a business financial statement (if applicable), a personal financial statement for each owner, and resumes for all key employees.**
THIS IS A LEGAL DOCUMENT - PLEASE TYPE OR PRINT LEGIBLY.

Bond No. _____

Applicant's Name in full (As it should appear on the bond)		Phone: _____	Sole Ownership Corporation Partnership LLC																		
		Fax: _____																			
		Email: _____																			
Business Address (Street Address, City, State and Zip Code)			Social Security Number																		
Amount of bond \$ _____	Business License Number	Years in business under current ownership	Years in business under current name																		
1 Has the Applicant or anyone involved professionally or personally: <table border="0" style="width:100%"> <tr> <td style="width:50%">a. Had any lawsuits or judgments against them?</td> <td>Yes</td> <td>No</td> <td style="width:50%">d. Ever had their license suspended, revoked or denied, or been subject to any legal/administrative proceedings resulting in disciplinary action?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>b. Ever failed in business or declared bankruptcy?</td> <td>Yes</td> <td>No</td> <td>e. Ever been party to a surety bond claim?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td colspan="3">c. Ever been convicted of a crime?</td> <td colspan="3"> <i>(If any answers are yes, please provide details on a separate page.)</i> </td> </tr> </table>				a. Had any lawsuits or judgments against them?	Yes	No	d. Ever had their license suspended, revoked or denied, or been subject to any legal/administrative proceedings resulting in disciplinary action?	Yes	No	b. Ever failed in business or declared bankruptcy?	Yes	No	e. Ever been party to a surety bond claim?	Yes	No	c. Ever been convicted of a crime?			<i>(If any answers are yes, please provide details on a separate page.)</i>		
a. Had any lawsuits or judgments against them?	Yes	No	d. Ever had their license suspended, revoked or denied, or been subject to any legal/administrative proceedings resulting in disciplinary action?	Yes	No																
b. Ever failed in business or declared bankruptcy?	Yes	No	e. Ever been party to a surety bond claim?	Yes	No																
c. Ever been convicted of a crime?			<i>(If any answers are yes, please provide details on a separate page.)</i>																		
Has an application for this bond been declined by another company? If yes, which surety and why?		Yes No	Is this a replacement bond? Yes No If yes, give name of surety and reason for change.																		
Obligee Name and Address																					

ADDITIONAL REQUIRED INFORMATION

Is the Applicant currently doing business with: (Check all that apply.)				
Freddie Mac	Fannie Mae	HUD	VA	
Is the Applicant licensed in other states? If yes, please list all states:		Yes No	Is the Applicant currently bonded in any other states? If yes, name of Sureties:	
			Yes No	
Is the Applicant in compliance with all covenants and lender requirements as prescribed by any applicable credit agreements? Yes No				
Does the Applicant hold a warehouse line? If yes, with what institutions and limits:		Yes No		
(Name of Institution) _____		\$ _____		
2 (Name of Institution) _____		\$ _____		
Total volume of loans originated per year: \$ _____			Percentage of loans by category:	
Does the Applicant table fund loans? Yes No (If yes, show volume.) \$ _____			_____ % Prime _____ % Sub-prime	
Does the Applicant service any loans? Yes No (If yes, show volume.) \$ _____			_____ % Alt A	
			_____ % Adjustable _____ % Fixed	
Does the Applicant hold escrow funds?		Yes No		
Does the Applicant co-mingle escrow funds?		Yes No	If yes, what is the average monthly balance? \$ _____	
Please detail the following insurance coverage:				
	<u>Deductible</u>	<u>Policy Limit</u>	<u>Carrier</u>	<u>Effective Date</u>
• Mortgage Errors & Omissions (E&O)	_____	_____	_____	_____
• Employee Dishonesty (Fidelity)	_____	_____	_____	_____

GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER

3 Name		Years experience	Social Security Number	Percent Ownership
Address		City	State Zip	Telephone
Name		Years experience	Social Security Number	Percent Ownership
Address		City	State Zip	Telephone

AGENT'S RECOMMENDATION

Describe the length and nature of your relationship with the Applicant:

Do you recommend the Applicant for this bond? Yes No
Why?

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s), all hereinafter referred to as "Indemnitors," hereby certify that the declarations made and answers given are the truth without reservation, and are made for the purpose of inducing TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, ST. PAUL FIRE AND MARINE INSURANCE COMPANY, any of their present or future direct or indirect parent companies, any of the respective present or future direct or indirect affiliates or subsidiaries of such companies and parent companies, and/or any of the aforementioned entities' successors or assigns, hereinafter referred to, individually and/or collectively, as "Company," to furnish a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of similar nature given in substitution or renewal thereof (all comprehended in the word "Bond" as herein used). Indemnitors agree that Company may decline the Bond applied for or may cancel or terminate same without incurring liability whatsoever to Indemnitors. In consideration of Company executing said Bond or the forbearance of cancellation of said Bond, Indemnitors do undertake and agree as follows:

Indemnitors will pay all premiums, as they fall due, until Company has been provided with competent legal evidence that the Bond has been duly discharged. Indemnitors will at all times indemnify and exonerate Company from and against any and all loss, cost and expense of whatever kind which it may incur or sustain as a result of or in connection with the furnishing of the Bond and/or the enforcement of this Agreement, including unpaid premiums, interest, court costs and counsel fees, and any expense incurred or sustained by reason of making any investigation. To this end Indemnitors promise: a) to promptly reimburse Company for all sums paid and b) to deposit with Company on demand an amount sufficient to discharge any claim made against the Company on the Bond. This sum may be used by Company to pay such claim or be held by Company as collateral security against loss or cost on the Bond.

Indemnitors hereby expressly authorize Company to access credit records and to make such pertinent inquiries as may be necessary from third party sources for underwriting purposes, claim purposes and/or debt collection. To the extent required by law, Company will, upon request, provide notice whether or not a consumer report has been requested by Company, and if so, the name and address of the consumer reporting agency furnishing the report.

Regardless of the date of signature(s), this Agreement is effective as of the date of execution of the Bond and is continuous until Company is satisfactorily discharged from liability pursuant to the terms and conditions contained herein. An Indemnitor may terminate participation in this Agreement with respect to future renewals or substitution bonds or undertakings by providing written notice to Company of such intent to terminate. Such notice shall be addressed to Travelers Bond & Financial Products, Attention: Senior Vice President Commercial Surety, One Tower Square, Hartford, Connecticut 06183 and shall become effective sixty (60) days after Company's receipt of the same. Termination hereunder shall not relieve the terminating Indemnitor(s) from liability with respect to any renewals or substitution bonds or undertakings issued, or for which Company has obligated itself to issue, before the effective date of termination.

Attention: Any person who knowingly and with intent to defraud a surety company or any other person files an application for a surety bond containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act and may be subject to civil and/or criminal penalties.

Signed this ___ day of ___, _____. (with red arrow pointing to the blank space)

CORPORATE INDEMNITY

Name of Applicant: _____
Social Security Number/Tax I.D.: _____

X _____
Witness Sign Here

X _____
Applicant Sign Here

Print Name

If Applicant is an Entity, Print Name and Title of Signatory

INDIVIDUAL / ADDITIONAL INDEMNITORS MUST SIGN BELOW

Name of Indemnitor: _____
Social Security Number/Tax I.D.: _____

X _____
Witness Sign Here

X _____
Indemnitor Sign Here

Print Name

If Indemnitor is an Entity, Print Name and Title of Signatory

Name of Indemnitor: _____
Social Security Number/Tax I.D.: _____

X _____
Witness Sign Here

X _____
Indemnitor Sign Here

Print Name

If Indemnitor is an Entity, Print Name and Title of Signatory