

Indemnitor's Signature

Surety Bond Specialists for A	uto Dealers		Additior					catio	on _B	ond Number:
A COMPANY/APPLICAN	T'S NAME (NAI	ME THAT WILL B	E ON BOND)/ PRINCIPAL	ВС	OND INFO	ORMA		ELATION	ISHIP TO PRINCIPAL	TODAY'S DATE
B INDIVIDUAL'S FIRST N	NAME/ MIDDLE	E NAME/ LAST NA		TIONAL	. INDEMI		INFORM ER'S LIC NO		DATE OF BIRTH	SOCIAL SECURITY NUMBER
EMPLOYER NAME				OCC	CUPATION				LENGTH OF EMPLOYMENT	MONTHLY INCOME
_	Divorced Separated	SPOUSE FIRST I	NAME/ MIDDLE NAME/ LAST	NAME		DRIVE	ER'S LIC NO)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
SPOUSE EMPLOYER				OCC	CUPTATION	N			LENGTH OF EMPLOYMENT	MONTHLY INCOME
HOME ADDRESS/CITY	// STATE/ ZIP									HOME/ MOBILE PHONE
☐ Own ☐ Rent	Own Rent		PURCHASE PRICE	CURREN		NT MARKET VALUE			PRESENT LOAN BALANCE(S)	MONTHLY PAYMENT(S)
OTHER REAL ESTATE	OWNED ADD	DRESS/ CITY/ STA	ATE/ ZIP		_ I					
DATE PURCHASED		PURCHASI	E PRICE	CURRE	ENT MARKE	T VALU	E	PRES	ENT LOAN BALANCE(S)	MONTHLY PAYMENT(S)
NAME OF BANK		-		SAVINO	GS ACCOU	NT BALA	NCE	CHEC	KING ACCOUNT BALANCE	PERSONAL NET WORTH
NEAREST RELATIVE N	NAME		RELATIONSHIP	ADDRE	SS					PHONE NUMBER
In consideration Company referre jointly and severa 1. To pay Sure of terminatic execution a of the terms 3. The Surety assets cove 4. The undersi under the b. The undersi that Surety the Surety documents any claim of facie evider 6. Surety and California a 7. Unless specus. mail to deposit with 8. The undersi and to rene continuation including, by from any ca Regardless of the	iptcy? I or indemnite real or state to the real of Americand to hereaft ally: ety an annuous of the Surety and issuance of this indemnite red by the ligned waive ond that Surety and issuance of the surety and issuance of the surety and issuance of the surety and issuance or its represented by the ligned, upon in its absolution and the surety and the obliged the United igned uncor w, continue of or replaced uncolling the ligned uncolling the ligned uncolling to the ligned uncolling and the ligned uncolling and the ligned uncolling the ligned uncolling and the ligned uncolling the ligned unco	or on a bond what lien? In Contractors ter as "Surety lal premium a urety's liability gainst all loss e of the bond emnity agreer sentative shabond, or the as notice of the urety may have a written demander of the defended, publication of urety may laver be denied, publication of urety and principal states Postanditionally acle and/or replament of any ed to, consequent failure to rengature, this indischarged from the contraction of the consequent of the con	advance in each year of a see, liabilities, costs, con, before or after this ment. Ill have the right to exact assets pledged as collate execution of the bond and, shall deposit with a determines necessar and endersigned. The company of the bond that the bond that the bond that the bond that the last address part of the bond that the bond all at the last address part of the bond. The Undersigned cond. The Undersigned conditions in the bond that the service and the Undersigned conditions are replaced to the undersigned to the	IENT - Texas B Jied for, during w rety. Jamage s date ir amine th ateral fod, notice or after of Surety y and th undersiç s in any fended ety. Th ce of th any oth id canno orovided that: (1)) Surety d releas ng direct e any B as of the	sonding Continued the under the born the born the born a sum of the deposition of the continued the continued the continued to Suret the understand to Suret they are the they are the they are they are they are they are the they are the they are they are t	No N	Are any of if you ansia a detailed a detailed a detailed a land a land a detailed a land a la	f your a wered YE wered YE wered YE were agree and should be a special agree and should be were a special agree and should be were and should be w	signing. Ity Insurance Company a for themselves, their heir heir heir heir heir heir heir	and/or United States Surety is, successors and assigns, if until satisfactory evidence or has incurred due to the le bond or the enforcement is of the undersigned or the ersigned's rights or liabilities in, suit, expense or judgment if such bond or other bonds hey in fact to execute any clusive right to determine if e by Surety shall be primained their own interests.
Indemnitors:										

FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Spouse Indemnitor's Signature

Print Name

Print Name

NOTARY ACKNOWLEDGEMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document STATE OF 888 COUNTY OF ___ ___ before me, ___ ____personally appeared ___ _, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of ______ that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature_ ____(Seal) A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document STATE OF _____ § § § COUNTY OF _____ ______ before me, ______ personally appeared _____ _, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature___



Fraud Warnings and Privacy Notice

Fraud Warnings

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

APPLICABLE IN MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.



Fraud Warnings and Privacy Notice

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Material misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FACTS

WHAT DOES TOKIO MARINE HCC DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information may include:

- Account and transaction information;
- Contact and demographic information;
- Financial information;
- Claims information: and
- Credit history.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Tokio Marine HCC chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Tokio Marine HCC share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes—information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes—information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	N/A

To limit our sharing

- Call (888) 688-0775 our menu will prompt you through your choice(s).
- Email us online: <u>privacypolicy@tmhcc.com</u>.

Please note:

When you are *no longer* our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

Questions?

Call (888) 688-0775 or send us an email at privacypolicy@tmhcc.com.

Who we are						
Who is providing this notice?	Tokio Marine HCC is the trading name of HCC Insurance Holdings, Inc.					
What we do						
How does Tokio Marine HCC protect my personal information?	To protect your personal information from unauthorized access and use, we maintain reasonable administrative, technical and physical safeguards designed to protect your personal information against accidental, unlawful or unauthorized destruction, loss, alteration, access, disclosure or use.					
How does Tokio Marine HCC collect my personal information?	 We collect your personal information, for example, when you: Sign up for and use our services, including when you choose to provide us with your information online or offline; Interact with our website and mobile applications; Obtain an insurance product from us through a broker, where we may collect personal information from your broker in order to prepare your quote and/or your insurance policy; and/or Submit an insurance claim, so we can properly handle your claim. We may also collect your personal information from others, such as credit bureaus, affiliates, or other companies. 					
Why can't I limit all sharing?	 Federal law gives you the right to limit only: sharing for affiliates' everyday business purposes—information about your creditworthiness; affiliates from using your information to market to you; and sharing for nonaffiliates to market to you. State laws and individual companies may give you additional rights to limit sharing. 					
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.					
Definitions						
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include our family of companies, available at https://www.tokiomarinehd.com/en/company/about/group.html .					
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.					
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. Our joint marketing partners include categories of companies such as insurance companies.					
Other important information						
For more information, please review our priva	acy policy, located at https://www.tmhcc.com/en-us/legal/privacy-policy .					