



Fundamentally Innovative

Form 01 All Purpose Application

<input type="checkbox"/> Check here if correspondence was previously sent to RLI.
To: _____
From: _____

APPLICANT INFORMATION		Applicant Name (must be exactly as it is to appear on bond)			<input type="checkbox"/> Proprietorship	<input type="checkbox"/> LLC
					<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Applicant Address			City	State	Zip	
Nature of Business			Number of Owners	Business Phone No.	How long in business?	
BOND INFORMATION		Type of Bond	Bond Amount		Effective Date	

Obligee Name & Address _____

PERSONAL INFORMATION		Must be completed by Applicant, Partners, Corporate Owner/Officers and Members/Managers of Limited Liability Companies. Use additional application if more than one owner.				
Individual's Name			Percent Ownership	Social Security No.	Date of Birth	
Spouse's Name				Social Security No.	Date of Birth	
Residence Address			City	State	Zip	Phone No.
					How long at residence? Yrs./Mos.	
Current Residence	Current Value	Loan Balance	Ever declared bankruptcy?	Any unpaid IRS or state tax liens?	Any lawsuits pending against you?	
<input type="checkbox"/> Own <input type="checkbox"/> Rent			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

INDEMNIFICATION AGREEMENT

I agree to indemnify RLI Insurance Company and/or RLI Indemnity Company (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree:

- 1) To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage.
- 2) To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including any legal fees and expenses.
- 3) To hold harmless and indemnify Surety from any and all liability, damages, loss, costs and expenses of every kind, including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and/or issuance of the bond.
- 4) To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made.
- 5) That Surety has the exclusive right to defend, settle, pay, or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety.
- 6) That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon.
- 7) To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself.
- 8) That a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement.
- 9) That this indemnity may be cancelled as to subsequent liability by an indemnitor upon written notice to the Company at Peoria, Illinois 61615, effective ten (10) days after the earliest date thereafter upon which the Company could have cancelled all bonds in force for applicant.
- 10) This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.

Applicant Name (Printed) _____
(Exactly As Above)

Today's Date _____ By: **X** _____ Title: _____

ALL OWNERS AND/OR STOCKHOLDERS MUST SIGN BELOW AND PROVIDE PERSONAL INDEMNITY

In consideration of the Surety's execution of the Bond(s) applied for by Applicant, the Undersigned, agree(s) to become bound by the terms of the above Indemnity Agreement and become personal indemnitors under this agreement. The Undersigned acknowledges that they have read the Indemnity Agreement and understands that it imposes personal liability on them as well as joint and several liability with the applicant.

X _____	X _____
Indemnitor's Signature	Indemnitor's Signature
X _____	X _____
Indemnitor's Signature	Indemnitor's Signature

AGENT/BROKER INFORMATION	Agent/Broker Name	Agency Code	Phone No.	Fax No.	City	State
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AGENT'S RECOMMENDATION	<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.
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PROBATE BOND No Financial Statement necessary. Applicant should sign front of application.

Name of Deceased or Ward Deceased Ward Is there a going business in the estate? Yes No

Date of Birth Date of Death Date of Appointment Has a bond been filed in this estate before? Yes No
(If Yes, do not write the bond; submit to Company for approval.)

Name and Address of Attorney (Must be Represented by an Attorney for RLI to Consider a Bond.) Will attorney remain throughout the estate? Yes No

Name, Age and Health Status Minor Incompetent Applicant's Relationship to Deceased/Ward Applicant's Net Worth

Is applicant indebted to the estate or trust? Yes No (If Yes, explain how debt will be repaid on separate sheet.) Who are the heirs of this estate?

What is the source of guardianship funds? (If an insurance settlement, do not execute the bond; submit to RLI for approval.) Are guardianship funds to be used for support of ward? (If Yes, please send copy of court order authorizing monthly expenditures.) Yes No
Do all interested parties agree with the principal's appointment as fiduciary? Yes No (If No, do not write the bond; submit to RLI for approval.)

Is the bond required on the demand of an interested person? Yes No If Yes, by whom? Assets of estate or trust (describe). Send copy of inventory if assets exceed \$300,000.

Name and Address of Court

LOST SECURITIES Attach all information from transfer agent.

Serial Number and Description (Please submit a copy or sample of the form it was on.) Date of Instrument Payable to applicant only? Yes No
If No, to whom is it payable?

Are securities pledged, assigned or endorsed? Yes No How did instrument become lost or destroyed? Has notice of loss been given? Yes No
If Yes, when? To whom?

If registered, in whose name? If a check, has payment been stopped? Yes No If Yes, when? If a deed of trust or note, has either been involved in a lawsuit? Yes No
Was a judgment obtained? Yes No

MISCELLANEOUS COURT BOND Please include with application the court documents including the complaint and any court orders.

Plaintiff Name and Address of Applicant's Attorney

Defendant Name and Location of Court

Describe Nature and Reason for Action

FIDELITY BOND No Financial Statement necessary. Applicant should sign front of application.

Annual Salary Will applicant sign checks? Yes No Is countersignature required? Yes No Regular audits? Yes No
If Yes, by whom?

Are bank accounts reconciled by someone not authorized to deposit or withdraw from the accounts? Yes No Ever discharged from any employment? Yes No
If Yes, why?

Last position held? Present Position or Title How long in present position? Applicant's Net Worth

PUBLIC OFFICIAL BOND No Financial Statement necessary. Applicant should sign front of application.

Official Title Other or Previous Occupation Elected Appointed Date Term of Office Premium will be paid Annually For Term Applicant's Net Worth

FINANCIAL INFORMATION Financial Information needs to be completed for all financial obligation bonds (sales tax, wage and welfare, utility bonds, etc.) and for all bond requests of \$10,000 or more unless otherwise noted. Principal may attach their own financial statement or complete information below.

ASSETS		LIABILITIES	
Cash In _____ Bank _____		Notes Payable _____ Bank _____	
Cash In _____ Bank _____		Notes Payable _____ Bank _____	
Stocks & Bonds Consisting of _____		Other Notes Payable _____	
Notes Receivable - Describe _____		Accounts Payable _____	
Accounts Receivable _____		Taxes Due _____	
Merchandise, Inventories, Etc. (At Cost) _____		Real Estate Mortgages (Give Amount on Each Parcel)	
Real Estate (Location, Description and Appraised Value)		1. _____	
1. _____		2. _____	
2. _____		3. _____	
3. _____		Other Liabilities - Describe _____	
Furniture & Fixtures _____		TOTAL LIABILITIES _____	
Other Assets - Describe _____		Capital Stock _____	
TOTAL ASSETS _____		Net Worth or Surplus _____	
Gross Sales - Two Years Ago _____ Last Year _____		TOTAL LIABILITIES AND NET WORTH _____	
Net Income - Two Years Ago _____ Last Year _____			