

# APPLICATION - MOTOR VEHICLE DEALER BOND

Applicant's Name (Exactly as shown on License)			<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Business Address (Street, City, State, Zip)			Telephone Number	
# of years at this location?	Total years in business?	Fax #	Email	
Does the business, or other principal involved: a. Have any outstanding collection items or liens? Has the business, or any other principal involved: a. Had any lawsuits or judgments against them? b. Ever failed in business or declared Bankruptcy? c. Ever been convicted of a crime? d. Ever had license suspended, revoked or denied? <b>(If any answers are Yes, provide detail)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Nature of Business</b> <input type="checkbox"/> Automobile Auctioneer <input type="checkbox"/> Dealer <input type="checkbox"/> Distributor Branch <input type="checkbox"/> Factory Branch <input type="checkbox"/> Distributor <input type="checkbox"/> Distributor Rep. <input type="checkbox"/> Factory Representative <input type="checkbox"/> Transfer Dealer  <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesale Dealer <input type="checkbox"/> Converter Manufacturer <input type="checkbox"/> Auto Mobility Dealer	

**GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER, INCLUDING YOURSELF**

Name	Social Security Number	% Ownership
Home Address		Home or Cell Phone

Name	Social Security Number	% Ownership
Home Address		Home or Cell Phone

Name	Social Security Number	% Ownership
Home Address		Home or Cell Phone

**INDEMNITY AGREEMENT**

The undersigned Applicant and Indemnitor(s) all hereinafter called the Indemnitor(s) hereby certify that the foregoing declarations made and answers given, are the truth without reservation, and are made for the purpose of inducing CENTENNIAL CASUALTY COMPANY, INC., hereinafter called Surety, to issue the bond(s), applied for and any renewal and increase of the same or of any bond(s) given in substitution or renewal thereof (all comprehended in the word "bond(s)" as herein used). The Indemnitor(s) agree that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring liability whatsoever to the Indemnitor(s). In consideration of the Surety executing said bond(s) or the forbearance of cancellation of any bond(s), the Indemnitor(s) do undertake and agree as follows:

To pay the Surety all premiums when due and annually in advance of each renewal thereafter, until the Indemnitor(s) shall serve upon the Surety, at its said office, competent written legal evidence, satisfactory to the Surety, of it being duly discharged from such bond. Indemnitor(s) hereby expressly authorize Company to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) to verify information supplied to Company; (b) for underwriting purposes; and (c) upon establishment of a reserve, for debt collection. The Indemnitor(s) **will** at all times indemnify, and keep indemnified, the Surety, and hold and save it harmless from and against any and all damages, loss, costs, charges and expenses of whatsoever kind or nature, including counsel and attorney's fees, whether incurred under retainer or salary or otherwise, which it shall or may, at any time, sustain or incur by reason or in connection with furnishing any bond. To deposit with the Surety on demand an amount sufficient to discharge any claim made against the Surety on the bond(s). This sum maybe used by Surety to pay such claim or be held by Surety as collateral security against loss or cost on the bond(s).

Regardless of the date of signature(s), this indemnity agreement is effective as of the date of execution of aforementioned bond(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein. A duplicate or facsimile copy or electronic reproduction of the original document shall have the same force and effect as the original.

Today's Date \_\_\_\_\_ x \_\_\_\_\_  
Applicant (Sign Here)

**ALL OWNERS (STOCKHOLDERS) MUST SIGN BELOW**

X \_\_\_\_\_ X \_\_\_\_\_  
Indemnitor (Sign Here) Indemnitor (Sign Here)

X \_\_\_\_\_  
Indemnitor (Sign Here)