Easy Binding Instructions for:

Lost Instrument Bond, Lost Security Bond

Penalty Amount open

- 1. Please complete attached application and sign as indemnitor.
- **2.** Call 212 566-1881 ext.110 for premium.
- 3. Return the application, along with the Check or Credit Card Authoriztion Form

Made to the order of: Bernard Fleischer & Sons, Inc. 29 Broadway Suite 1511 New York, NY 10006-3201

Once we receive completed application and check, we will issue the bond.

If you want the original bond mailed overnight please include \$30.00

Bonds are not binding until approved by the company.

Thank you for choosing Bernard Fleischer & Sons, Inc. for your all your bonding needs.

Jose Ward
Bond Underwriter
Extension 110

Bernard Fleischer & Sons

29 Broadway Suite 1511 New York NY 10006-3201

Toll Free: (800) 921 1008 NY: (212) 566 1881 Fax: (212) 566 1615

http://www.bfbond.com email: bonds@bfbond.com

APPLICATION FOR LOST INSTRUMENT AND LOST SECURITY BOND

	Corporation Name					Social Secu	rity #	Age	Married Single
Residence Add	lress								
	(Street and Number)		(City)		(State)	(Zip)	(Telepho	one #)	
Business Addr			(7)				(T. 1 . 1	,,	
Occupation or	(Street and Number)		(City) How long so engaged?	Dres	(State) vious Surety	(Zip)	(Telepho		son for change.
Occupation of	ousiness		now long so engaged:	110	rious Surety		ii yes, give	name and rea	son for change.
Type of Bond				A	Amount of Bond		Effective 1	Date	
Complete nam	e and address of Obligee								
	Serial Number and description form it was on.)	on (Please submit a c	opy or sample of the	Date of	f instrument	Payable to applic If not, who is it p		Yes No	
	Are securities endorsed?	Describe manner of	loss		Н	as notice of loss be	en given?	Yes No	,
	☐ Yes ☐ No						Whom?		
	If registered, in whose name	? If a check, has	payment been stopped?	If a deed	d of trust or n	ote, has either bee	n involved in a	a lawsuit?	
		☐Yes ☐ No I	f so, when?	☐ Yes ☐ No Was a judgment obtained? ☐ Yes ☐ No				Yes No	
undersigned hereby ce application, in any rev. 1) To pay the usual 2) To completely losen surety on liability, loss, oc. 3) To furnish the C 4) Upon demand by 5) That the Compa facie evidence o 6) That the Compa 7) That the Compa	cant and indemnitors hereby request riffy the truth of all statements in the iew or renewal, at the time of any pc I premiums, including renewal premi INDEMNIFY the Company from a this bond or any other bond issue oots, damages, attorneys' fees and company with satisfactory and conclu y the Company for any reason whats my shall have the right to handle or f the fact and extent of the liability on my may decline to become surety on my shall, without notice, have the righ	application, authorize tential or actual claim, ums, to the Company o und against any liabilit I for applicant, or for expenses are caused, o sive termination eviden ever, to deposit curren settle any claim or suit the undersigned to the any bond and may canc int to alter the penalty, the the total events.	the Company to verify this informator for any other legitimate purposes its agents, when due, y, loss, cost, attorneys' fees and the enforcement of this agreemer alleged to be caused, by the neg te that there is no further liability of funds with the Company in an am in good faith. An itemized statem Company,	such compa- tion and to of a sa determine expenses with, or in ob- ligence of the out- ount sufficies ent of loss a	obtain additional ned by the Com- whatsoever white taining a release the Company, or any other boent to satisfy any	al information from ar pany in its reasonable of the Company sha se or evidence of term and issued for applicant y claim against the Co	y source, includ discretion, and Il at any time s nination under t, mpany by reason y, sworn to by a	ling obtaining a c jointly and seven sustain as surety such bonds; reg	redit report at the time of ally agree: or by reason of having ardless of whether such hip,
8) That if a contra retained percent: 9) At the Company the State of Sout 10) That this indem which the Comp 11) In the event of a	ct or performance bond is issued hi age, supplies, tools, plants, equipmer 's discretion, this indemnity agreeme th Dakota and the United States Distr nity may be cancelled as to subseque pany could have cancelled all bonds in my payment by the Company, to pay lighest legal rate from the date such p	creunder, the undersign at and materials due or a put shall be governed in ict Court for the Distric int liability by an inden a force for applicant, the Company interest of	ed hereby assign to the Company ised on the contract, all respects by the laws of the Stat t of South Dakota in all actions or unitor upon written notice to the C	any monies e of South I proceedings	a now due or he Dakota and the u arising from or	ereafter becoming due indersigned applicant relating to this inden	and indemnitors anity agreement,	ract, including a consent to the ju	Il deferred payments and

We have examples showing five ways to sign an application.

1. Individual or Sole Proprietorship.

Signed this 22 nd day of January, 2002 1. X John Dr., Indemnifor 2. X Jane Doe, Indemnitor 3. X
NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g. John Dr., Ludemnitor

The individual or sole owner and spouse should sign at the bottom of the application, writing the word "Indemnitor" in their own handwriting after each of their names.

2. Partnership.

Signed this 22 nd day of January, 2002
1.x John Dre, Indestrutor
2 x James Voe, Indemnitor
3.x Jane Doe, Indemnitor
Ann Doe Indomitor
·
NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g.

Each partner and his or her spouse should sign at the bottom of the application, writing the word "Indemnitor" after each of their names.

3. Corporation.

Signed this,,,				
2.x John Doe, President				
3.x John Dre Indemnitor				
James Voe, Indemnitor				
* Jane Doe, Indemnitor				
NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g.				
* Leavest and the control of the con				

(indicating his/her corporate title) and then sign a second time, writing only the word "Indemnitor" after his/her second signature. Any other owners should also sign, writing only the word "Indemnitor" after their names. In most cases, the owners' spouses also need to sign.

An officer should first sign on behalf of the corporation

4. Limited Liability Company or Partnership.

1. X John Dol Monager 2. X John Dol Indemnifor 3. X James Ool, Indemnitor * Jane Doe Indemnitor
3.x James Ooe, Indemnitor
The property of the second of
NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own
handwriting, e.g. John Dr., Indemnifor

(indicating his/her company/partnership title) and then sign a second time as a personal indemnitor, writing only the word "Indemnitor" after his/her second signature. All other members/owners/partners should also sign as personal indemnitors, writing only the word "Indemnitor" after their names. In most cases the members'/owners'/partners' spouses also need to sign.

An authorized manager, member, or partner should first sign on behalf of the Limited Liability Company or Partnership

Outside Indemnity (Relatives, Friends).

Signed this 22nd day of January, 2002 1. X John DR, Indemnitor 2. X John Henry, Indemnitor 3. X John Henry, Indemnitor
Joseph Smith, Indemnitor
NOTE: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting, e.g.

When outside indemnity is required, the proposed indemnitors should sign at the bottom of the application below the applicants' signatures and write the word "Indemnitor" after each of their names.

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

In most cases, the owners' spouses may also need to sign.

Bernard Fleischer & Sons

4; 'Dt qcf y c{ 'Uwlsg'3733'' New York, NY 32228/5423

Tel: (212) 566-1881 Fax: (212) 566-1615

Credit Card Authorization Payment Form

Charge my credit card for the full payment amount \$						
☐ Check here if you want Bond sent overnight, addition fee of \$30.00						
Card Number Visa/MasterCard/Amex/Discover	Exp. Date					
Cardholder name						
Signature						
Billing address/Zip						
Date signed						
Cardholder acknowledges receipt of goods and/or services in the amount of the total she cardholder's agreement with the issuer. By signing this form I understand and agree tha has been charged. All credit card charges are processed through Bernard Fleischer & Scriber Sc	t coverage cannot be flat cancelled once my credit card					

- 1. Please complete and sign the form
- **2.** Fax to: (212) 566-1615

Bernard Fleischer & Sons

29 Broadway Suite 1511 New York NY 10006-3201

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