

APPLICATION FOR LOST INSTRUMENT BOND

For Office Use Only (Online):

Surety Company: The Bar Plan Surety and Fidelity Company The Bar Plan Mutual Insurance Company	Bond No. _____ Premium: _____ To be sent via: _____
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Name of applicant: _____
(For partnerships, give full name of partners and trade name)

Address of applicant: _____

If Individual:

Occupation of applicant: _____ Age: _____

Social Security # or Tax ID _____

Name & Address of Obligee: _____
(To whom will the bond be given?)

Amount of Bond: \$ _____

Attorney Information

Name of Attorney for Principal : _____

Attorney-in-Fact? (MO only) Yes ___ No ___

Law Firm Name: _____

Law Firm Address: _____

Law Firm Phone No. _____ Fax No. _____

E-Mail Address: _____

Agent/Broker Information

Name of Insurance Agent/Broker: **Robbie R. Taylor**

Name of Insurance Agency: **The Georgia Fund Surety & Fidelity**

Agent/Broker/Agency Address: **18 Collins Drive, Suite 100, Cartersville, GA 30120**

Phone number: **770.386.0616**

Fax No.: **770.386.5804**

E-Mail Address: **robbie@gafund.com**

States Licensed in: **Georgia** Types of licenses held: **Property & Casualty**

License #: **AGR605776** Effec. Date of License: **10/26/2001** Exp Date: **Continuous**

SS# or FEIN for Payee: _____

Are you paying fees to a subproducer? **NO**. If Yes, complete supplemental application.

Lost Instrument Information:

Serial Number and Description of Instrument (No. of shares, common or preferred, Name of Company, etc.) _____

Date of Issue of Lost Instrument: _____

Are Securities Payable to Bearer? Yes () No () Are Securities Endorsed? Yes () No ()

Exact Name(s) of Owner(s) on Lost Instrument, if Registered: _____

Describe Manner of Loss: _____

Has Notice of Loss Been Given? Yes () No (). What date? _____

To Whom was Notice of Loss Given?: _____

Address: _____

ADDITIONAL REQUIREMENTS:

A current financial statement must be attached to the application.
(If individual applicant, an itemized list of assets and liabilities).

*** Please Note: After one year- premium is fully earned. Full Collateral is required in most cases.**

AGREEMENT OF INDEMNITY-PLEASE READ CAREFULLY

In consideration of the execution by The Bar Plan Surety and Fidelity Company or The Bar Plan Mutual Insurance Company, St. Louis, Missouri (whichever issues or continues said bond being hereinafter called "Company"), of the bond herein applied for, I hereby agree:

1. That the information and statements contained in this application, or attached hereto, are true. I authorize the Company to confirm the bank balances claimed and all other items comprising said financial statement.
2. That by submitting this application, I hereby authorize any and all consumer reporting agencies to provide consumer reports regarding myself to the underwriter, The Bar Plan Mutual Insurance Company or The Bar Plan Surety and Fidelity Company, and I authorize the underwriter to obtain such consumer reports.
3. To pay to the Company the premium for the bond in accordance with the rates filed by the Company in the State where the bond shall be filed and further agree to pay annually in advance thereafter the annual renewal charges which are due and to continue to pay such renewal premium charges which shall be due until satisfactory evidence of the release of the Company from all liability under the bond shall have been furnished to the Company.
4. To indemnify the Company against all loss, liability, costs, damages, attorney's fees and expenses whatever, which the Company may sustain or incur by reason or in consequence of having executed said bond and in enforcing any of the agreements herein contained.
5. The Company shall have the right, and is hereby authorized but not required, to adjust, settle, or compromise any claim, demand, suit, or judgment upon said bond unless the undersigned shall request the Company to litigate such claim or demand or defend such suit or to appeal from such judgment, and if the undersigned makes such request the undersigned shall deposit with the Company collateral satisfactory to the Company in kind and amount.
6. The Company shall have the absolute right to procure its release from said bond under any law for the release of sureties, and the Company is hereby released of and from any damages that may be sustained by me by reason of such release.
7. At any time, and until such time as the liability of the Company is terminated, the Company shall have the right to reasonable access to the books, records, and accounts of the applicant and estate and any bank depository, or other person, firm, or corporation is hereby authorized to furnish the Company any information requested.

The above agreements shall bind me and my heirs, executors, administrators, successors and assigns, jointly and severally.

DISCLOSURE TO APPLICANT given pursuant to the Fair Credit Reporting Act. You are hereby notified that an investigative consumer report including information as to character, general reputation, personal characteristics and mode of living may be obtained by the Company. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided.

Signed, Sealed and Dated this _____ day of _____, 20_____.
(If individual sign below)

Witness

Applicant

Witness

Applicant

Please Note:

If Applicant is a **corporation**, corporate name must be signed in full with the officer's name and title on the line below, and the seal of the corporation affixed, properly attested.

If Applicant is a **partnership**, partnership name must be signed and each partner must sign individually.

Partnerships:

Name of Partnership: _____

Witness

As Individual and as Partner

Witness

As Individual and as Partner

Witness

As Individual and as Partner

Witness

As Individual and as Partner

Corporations:

Name of Corporation: _____

Attest:

By: _____
Signature of Officer

Print Name: _____

Title: _____

Corporate Seal:

Licensed Agent, Broker and/or Agency Issuing Bond

Note to Agent, Broker and/or Agency: Please submit a current copy of your Agent, Broker and Agency License with Application.

Rev. 03/00