

BOND APPLICATION

THE INFORMATION ON THIS FORM MUST BE PRINTED CLEARLY OR TYPED. IF IT IS NOT CORRECT, YOUR BOND WILL NOT BE ACCEPTED BY THE TEXAS DEPARTMENT OF TRANSPORTATION. BE SURE TO HAVE ALL INDIVIDUALS SIGN THE REVERSE SIDE.

GENERAL INFORMATION

License Renewal Date: _____

GDN Number _____

Name EXACTLY As it Will Be On Your License (Include Inc., LLC, DBA, etc. as applicable)

Address As It Should Appear On Your Bond

Telephone _____

Address (Line 2)

Fax Number _____

City _____ State _____ Zip _____

Address you would like to have Bond Mailed to: (if different from above)

Prior Bonding Company _____

Has the business, or any principal involved:

- A. Ever had any lawsuits or judgements against them? Yes No
- B. Ever failed in business or declared bankruptcy? Yes No
- C. Ever been convicted of a crime? Yes No
- D. Ever had their license suspended, revoked, or denied? Yes No

Dealership is a:

- Sole Proprietorship
- Partnership
- Corporation

of years current License with TXDot _____

OWNERSHIP INFORMATION

Give the following information on each owner or stockholder, including yourself. (Use additional sheet if necessary.) Changes of ownership must be reported immediately.

Name _____

Social Security Number _____

Home Address _____

Telephone Number _____

City _____ State _____ Zip Code _____

% Ownership _____

Name _____

Social Security Number _____

Home Address _____

Telephone Number _____

City _____ State _____ Zip Code _____

% Ownership _____

NET PREMIUM MUST ACCOMPANY ALL APPLICATIONS

BROKER INFORMATION

ATTACH COPY OF CURRENT INSURANCE LICENSE

Producer Name: **James Stafford Insurance Agency**

Attn: **James Stafford** Phone: **(903) 537-2819**

Address: **1562 NW Access Rd.** Fax: **1-888-475-4437**

City: **Mount Vernon** St: **Texas** Zip: **75457**

ALL OWNERS MUST SIGN REVERSE SIDE

James Stafford Insurance Agency (903) 537-2819 or Toll-Free 1-888-869-4904
1562 NW Access Rd. | Mount Vernon, TX 75457 Fax: 1-888-475-4437

INDEMNITY AGREEMENT

The Undersigned hereby declares the truth of the representations herein, and that they are made to induce SOUTHERN INSURANCE COMPANY (hereinafter called Surety) to issue the Bond(s) applied for. The Undersigned agrees that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability whatsoever to the Undersigned. In consideration of the issuance of the Bond(s) herein applied for, or any Bond(s) in substitution for or in succession of the said Bond(s), or any increase or extension of time of the said Bond(s), the Undersigned hereby agrees:

- (1) To hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms and corporations in order to confirm and verify information referred to or listed herein;
- (2) To pay to the Surety the agreed premium upon application of the Bond(s) and annually in advance thereafter;
- (3) To furnish the Surety with satisfactory and conclusive termination evidence that there is no further liability on the Bond(s);
- (4) To perform all the conditions of said Bond(s) and will indemnify and save the Surety harmless from demands, losses, costs, damages and expenses, including attorney's and counsel fees deemed necessary by the Surety, which Surety may sustain or incur by reason of the issuance of such Bond(s), or obtaining a release of or evidence of terminations under such Bond(s);
- (5) That the Surety shall have the exclusive right to adjust, settle or compromise any claim under such Bond(s) unless the Undersigned shall in writing request the Surety to litigate such claim and shall deposit immediately with Surety collateral satisfactory to the Surety in kind and amount;
- (6) That the voucher or other evidence showing payment made by the Surety in good faith by reason of such Bond(s) or any renewal, extension or substitution thereof shall be conclusive and in any event prima facie evidence of such payment and the property thereof and of the liability of the Undersigned therefore to the Surety; and
- (7) The Undersigned further agree to reimburse the Surety for all expense, counsel and attorney fees incurred by the Surety in enforcing any provision of this agreement.

Regardless of the date of this Indemnity Agreement is signed, it is effective as of the date of execution of the above mentioned Bond(s) pursuant to certain promises the agreements made by the Undersigned.

Today's Date _____

Name of Dealership

by X
Applicant's Signature (Owner, Officer or Partner)

CORPORATIONS, PARTNERSHIPS, LLC'S, ETC. ALL OWNERS MUST ALSO SIGN PERSONAL INDEMNITY BELOW

ADDITIONAL INDEMNITY

In consideration of executing the Bond(s) applied for by Applicant, the Undersigned, now referred to as Indemnitor(s), acknowledge(s) that the above Indemnity Agreement has been read and the Indemnitor(s) is (are) aware of the contents of the Indemnity Agreement. The Indemnitor(s) agree(s) to be bound by the Indemnity Agreement to the same extent as the Applicant. This obligation imposes individual liability on the Indemnitor(s) as well as joint liability with the Applicant. The Indemnitor(s) has (have) sufficient interest in the performance of this obligation to execute this agreement and is (are) fully empowered to exercise this agreement.

 X

Indemnitor

 X

Indemnitor

 X

Indemnitor

 X

Indemnitor