



Allied Insurance

a member of Nationwide Insurance

Application for License Permit or Miscellaneous Bond

Nationwide Mutual Insurance Company
 AMCO Insurance Company
 Allied Property & Casualty Insurance Company
 Depositors Insurance Company

Allied Agency Code: 07688 Agent Bill Direct Bill

AGENT Sanguinetti & Co. Insurance Brokers ADDRESS 7337 Pacific Avenue, Stockton, CA 95207

1. Name of Applicant _____
 - Individual, S.S. # _____
 - Partnership _____
 - Corporation _____
 Address _____
2. Amount of Bond \$ _____
3. Type of Bond (if a special form is required please attach form) _____
4. To Whom Payable _____

Address _____
5. Effective date _____
6. Expiration date _____
7. Has Applicant applied to any other company for this bond or furnished a similar bond before? _____

If **Yes** please give details _____

NOTE The remainder of this application need be completed only if the applied for is a bond guaranteeing the payment of taxes of any kind or a Warehouse Bond; Livestock Dealers Bond; Livestock Auction Bond; Financial or Credit Guarantee or if the Bond exceeds \$5,000.00.

8. Applicant's Business or Occupation _____

How long so engaged? _____
9. Have you ever been bankrupt or compromised with your creditors? _____

If **Yes** please submit full details _____
10. Describe any other bonds now in force which you are principal or indemnitor _____

Check if none • •
11. Do you carry public liability insurance • **Yes** • **No** What Limits _____

Do you carry property damage insurance? • **Yes** • **No** What Limits _____
12. As a basis for consideration of this application please complete the following financial statement in detail, or in lieu thereof you may attach a current financial statement completed by your CPA or Public Accountant.

Statement of assets and liabilities as of _____, 20_____.

ASSETS		LIABILITIES	
Cash in Banks		Notes Payable to Bank _____	
Name of Bank _____		Name of Bank _____	
Address _____		Location _____	
Account No. _____	\$ _____	Amount Owed _____	\$ _____
Name of Bank _____		Accounts Payable _____	
Address _____		Income Taxes Payable _____	
Account No. _____	\$ _____	Sales and Other Taxes Payable _____	\$ _____
Notes Receivable _____		Notes Payable - Others _____	
Accounts Receivable _____		Mortgage on Real Estate _____ A	
Merchandise or Material in Stock _____		Mortgage on Real Estate _____ B	
Real Estate, Homestead _____ A		Other Liabilities - Describe _____	
Real Estate, held as investment _____ B		_____	
Furniture and Fixtures _____		TOTAL LIABILITIES _____	
Other Assets - Describe _____		Capital Stock (Paid in) _____	
TOTAL ASSETS		TOTAL LIABILITIES	

13. If a co-partnership list the names of all partners. If a corporation list the names of corporate officers.
- | | | | |
|------------|--------------|------------|--------------|
| Name _____ | S.S. # _____ | Name _____ | S.S. # _____ |
| Name _____ | S.S. # _____ | Name _____ | S.S. # _____ |
| Name _____ | S.S. # _____ | Name _____ | S.S. # _____ |
| Name _____ | S.S. # _____ | Name _____ | S.S. # _____ |
14. Complete this section only if the bond applied for is a warehouse bond
- A. Do you have an annual audit prepared by a CPA or licensed Public Accountant • Yes; • No.
- B. Have you had any bank overdrafts in the past 12 months? _____
- C. When does your fiscal year end? _____
- D. Do you borrow on Warehouse Receipts issued on Company owned grain? _____
- E. What is the amount of fire insurance carried on grain? _____
- F. Do you periodically weigh out all grain to adjust inventories for loss sustained by reason of shrinkage or spoilage?
- Yes - How often _____
- No - If No how do you adjust your inventory to reflect such loss? _____
- G. Do you ever invest in Grain Futures? _____
15. Complete this section only if the bond applied for is a Livestock Dealer or Livestock Auction Bond.
- A. Have you had any bank overdrafts in the last 12 months? _____
- B. If you are a dealer, do you buy principally for a single firm? If Yes give name of Firm _____
- C. Have you at any time during the past twelve months ever had outstanding checks for an amount in excess of your bank account? If Yes do you expect to cover such excess by depositing checks which you expect to receive from the proceeds of live stock sold? _____

INDEMNITY AGREEMENT

The undersigned applicant and indemnitors (collectively referred to as indemnitors) hereby request Nationwide Mutual Insurance Company, and/or AMCO Insurance Company, Allied Property and Casualty Insurance Company, and/or Depositors Insurance Company (collectively referred to as Company) to become surety for the above bond(s), or any bond(s) in substitution for or in succession of the said bond(s). The Indemnitors certify that the information and statements provided to the Company for the purpose of securing this bond(s) are true and correct and further jointly and severally agree:

- the Company is authorized and empowered, without notice to or knowledge of the Indemnitors, to assent to any change whatsoever in the bond(s), to execute or consent to the execution of any continuations, extensions, renewals, enlargements, modifications, changes, or alterations of the bond(s) and to execute any substitute or substitutes therefor, with the same or different conditions, provisions, and obligees and with the same or larger or smaller penalties, it being expressly understood and agreed that the indemnitors shall remain bound under the terms of this Agreement even though any such asset by the Company does or may substantially increase the liability of said Indemnitors.
- that the Company is hereby authorized to make any inquiry as may be necessary from financial institutions, persons, firms, credit reporting agencies and other entities in order to confirm and verify information provided to the Company by the indemnitors as an inducement for the issuance of the bond(s) or for the continuance of such bond(s).
- to pay to the Company the usual annual premium until such time as the Company has been provided with satisfactory and conclusive evidence that all liability under the bond(s) has been terminated and no further liability exists.
- to perform all the conditions of such bond(s) and to indemnify and save the Company harmless from any and all liability, demands, losses, costs, damages and expenses, including attorney and counsel fees, which the Company may sustain or incur by reason of or in consequence of the execution of such bond(s) by the Company, or incurred in obtaining a release of liability or evidence of termination under such bond(s) or incurred by the company in enforcing any provision of this agreement.
- that upon demand by the Company for any reason whatsoever, to deposit funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such bond(s).
- that the Company shall have the exclusive right to adjust, settle or compromise any claim under such bond(s) unless one or more of the Indemnitors shall, in writing, request the Company to litigate such claim and shall deposit immediately with the Company collateral satisfactory to the Company in kind and amount.
- that the itemized statement of loss and expense incurred by the Company, sworn to by an officer of the Company, shall be prima facie evidence of the fact and extent of the liability of the Indemnitors to the Company.
- that the Company may decline to become surety on any bond(s), and in case it does act as surety the Company shall have the right to withdraw or cancel any bond(s) whenever it shall see fit; and in any event the Company shall not be required to disclose the reason upon which its action is based and shall not be responsible for any loss or damage that may be sustained by reason of such action.
- that in the event of any payment by the Company, the indemnitors shall pay the Company interest on such amounts at the maximum legal rate from the date such payments are made.

This agreement of Indemnity shall be deemed effective as of the date of execution of the bond(s) even though it may be signed subsequent to this date.

_____	(Name of Applicant)	_____
_____	By _____	SS# _____
(Date Signed)	(Indemnitor)	_____
_____	(Indemnitor)	SS# _____
(Date Signed)	(Indemnitor)	_____
_____	(Indemnitor)	SS# _____
(Date Signed)	(Indemnitor)	_____
_____	(Indemnitor)	SS# _____
(Date Signed)	(Indemnitor)	_____

NOTE: If Applicant or Indemnitor is a corporation, the 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. If a co-partnership, the firm name must be signed and each member of the firm must sign individually.