



Blaise Group NY, LLC.
 260 East 3rd Street
 Mt. Vernon, NY 10553
 Phone: (914) 667-7700 - Fax: (914) 219-1034
 Web: <http://www.BlaiseBonds.com>

**ALL STATES
 BOND APPLICATION-
 COURT AND COMMERCIAL**

Any person who knowingly files a statement of claim or any application containing any false or misleading information is subject to criminal and civil penalties.

GENERAL INFORMATION

Agency Name		Branch	
Applicant's Name (Principal)		Social Security No.	Age
		Phone Number	
Principal's Business Address		Fax Number	
Prior Address (If Less Than 2 Years)			<input type="checkbox"/> Own <input type="checkbox"/> Rent

BOND INFORMATION

Type of Bond	
To whom Is bond Given (Obligee)	
Obligee's Address	
Amount of Bond	Effective Date of Bond

UNDERWRITING INFORMATION

Account Classification <input type="checkbox"/> Individual(s) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Other (Specify) _____			
Occupation or Nature of Business			How long in Business
List All owners	% Owned	Residence Address	Social Security No.
Please mark "Yes" or "No" to the following questions: <input type="checkbox"/> Yes <input type="checkbox"/> No Has another bonding company declined or previously written this bond? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you or your company have any unpaid tax obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever failed in business? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a claim against a bond? Within the last 7 years, have you or your company: <input type="checkbox"/> Yes <input type="checkbox"/> No -had a lien filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No -had a judgment awarded against you? <input type="checkbox"/> Yes <input type="checkbox"/> No -had any bill owed by you referred to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No -filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No -had a payment slowness over 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been in business under other names?			
Name and Branch of Bank (Business)		Name and Branch of Bank (Personal)	
Address		Address	
Account No.(s)		Account No.(s)	
Insurance Limits General Liability: _____ Property Damage: _____ Fidelity: _____			
A financial statement must be submitted with this application unless specifically waived by the company.			

NOTE:
 Please explain all "yes" responses on a separate sheet and advise on the current status (if applicable)



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INDEMNITY AGREEMENT

The undersigned hereby declares the truth of the representations herein, and that they are made to induce IFIC, (hereinafter called Surety) to issue 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 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 the Surety the agreed premium upon execution 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 all demands, losses, cost 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 termination 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 the 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 propriety thereof and the liability of the Undersigned thereof to the Surety; and
- (7) The Undersigned further agrees to reimburse the Surety for all expenses, counsel and attorney fee's 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 contain promises, and agreements made by the Undersigned.

Dated the _____ day of _____, _____.

SIGNATURES

If Applicant(s) is (are) an INDIVIDUAL(S), sign here:

	Witness		Individually
	Witness		Individually

If Applicant is a PROPRIETORSHIP, sign here:

	Name of Proprietorship
	Individually and as Proprietorship

If Applicant is a PARTNERSHIP, sign here:

	Name of Partnership
	Individually and as Partner
	Individually and as Partner

If Applicant is a CORPORATION, sign here:

	Name of Corporation
Attest: _____	By: _____
Secretary	President

ADDITIONAL INDEMNITY

In consideration of executing the Bond(s) applied for by the 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) full empowered to execute this agreement.

ADDITIONAL INDEMNITOR(S), sign here:

(May include spouses of the above signed applications, owners of closely held corporations and/or third parties)

Witness	Indemnitor
Witness	Indemnitor

FOR NOTARIAL ACKNOWLEDGEMENT OF PRINCIPAL / INDEMNITOR'S SIGNATURE
INDIVIDUAL ACKNOWLEDGEMENT

State of _____ }
County of _____ } ss.:
On this _____ day of _____, in the year 20____, before me personally comes _____

To me known and known to me to be the person(s) who (is) (are) described in and executed the foregoing instrument, and acknowledge(s) to me that _____ be
_____ executed the same.

(Signatures of Notary Public)
My Commission expires _____

INDIVIDUAL ACKNOWLEDGEMENT

State of _____ }
County of _____ } ss.:
On this _____ day of _____, in the year 20____, before me personally comes _____

To me known and known to me to be the person(s) who (is) (are) described in and executed the foregoing instrument, and acknowledge(s) to me that _____ be
_____ executed the same.

(Signatures of Notary Public)
My Commission expires _____

INDIVIDUAL ACKNOWLEDGEMENT

State of _____ }
County of _____ } ss.:
On this _____ day of _____, in the year 20____, before me personally comes _____

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(Signatures of Notary Public)
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INDIVIDUAL ACKNOWLEDGEMENT

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County of _____ } ss.:
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_____ executed the same.

(Signatures of Notary Public)
My Commission expires _____

PARTNERSHIP ACKNOWLEDGEMENT

State of _____ }
County of _____ } ss.:

On this _____ day of _____, in the year 20____, before me personally comes _____

To me known and known to me to be the person who is described in and executed the foregoing instrument, and acknowledges to me that he executed the same and for the act and deed of this said co-partnership.

(Signatures of Notary Public)
My Commission expires _____

PARTNERSHIP ACKNOWLEDGEMENT

State of _____ }
County of _____ } ss.:

On this _____ day of _____, in the year 20____, before me personally comes _____

To me known and known to me to be the person who is described in and executed the foregoing instrument, and acknowledges to me that he executed the same and for the act and deed of this said co-partnership.

(Signatures of Notary Public)
My Commission expires _____

CORPORATE ACKNOWLEDGEMENT

State of _____ }
County of _____ } ss.:

On this _____ day of _____, in the year 20____, before me personally comes _____

To me known, who being by me duly sworn, deposes and says that he resides in the city of _____ that he is the _____ of the _____ the corporation described in and which executed the foregoing instrument; that he knows the said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

(Signatures of Notary Public)
My Commission expires _____

CORPORATE ACKNOWLEDGEMENT

State of _____ }
County of _____ } ss.:

On this _____ day of _____, in the year 20____, before me personally comes _____

To me known, who being by me duly sworn, deposes and says that he resides in the city of _____ that he is the _____ of the _____ the corporation described in and which executed the foregoing instrument; that he knows the said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

(Signatures of Notary Public)
My Commission expires _____

CORPORATE ACKNOWLEDGEMENT

State of _____ }
County of _____ } ss.:

On this _____ day of _____, in the year 20____, before me personally comes _____

To me known, who being by me duly sworn, deposes and says that he resides in the city of _____ that he is the _____ of the _____ the corporation described in and which executed the foregoing instrument; that he knows the said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

(Signatures of Notary Public)
My Commission expires _____