



# MISCELLANEOUS BOND REPORT

AGENT NAME \_\_\_\_\_ AGENT ID# \_\_\_\_\_ MISCELLANEOUS BOND # \_\_\_\_\_  
 PRINCIPAL NAME, ADDRESS AND PHONE # \_\_\_\_\_

PRINCIPAL ID # \_\_\_\_\_

## BOND INFORMATION

BOND TYPE (I.E., AUTO DEALER, WAGE & WELFARE, ETC.) \_\_\_\_\_

<p>BOND TERM _____ TO _____ BOND AMOUNT \$ _____</p> <p><input type="checkbox"/> New Bond (Attach copy of Bond Form) Select One:</p> <p><input type="checkbox"/> Continuous Bond (Bond Remains in Effect Until Canceled By Agent)</p> <p><input type="checkbox"/> Term Bond (Select One):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Obligee Accepts Continuation Certificate</p> <p style="padding-left: 20px;"><input type="checkbox"/> Obligee Does Not Accept Continuation Certificates</p> <p><input type="checkbox"/> Court Bond (Remains in Effect Until Released by Obligee)</p>	<p><input type="checkbox"/> Existing Bond (Renewal) Select One:</p> <p><input type="checkbox"/> No Continuation Certificate</p> <p><input type="checkbox"/> Continuation Certificate</p> <p><input type="checkbox"/> New Bond Expiring Bond # (_____) (use only if the Obligee will not accept a Continuation Certificate)</p> <p><input type="checkbox"/> Other - Explain _____</p>
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Obligee Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Obligee Name and Address \_\_\_\_\_

## BOND ACCOUNTING

RATE (%)	AMOUNT(\$)	INVOICE #
PREMIUM _____	_____	INVOICE DATE _____
SURCHARGE _____	_____	COMMENTS _____
TOTAL _____	_____	

## UNDERWRITING DATA

LIABILITY	COLLATERAL
Number of Open Bonds: _____	Type: _____
-Number of Closed Bonds: _____	Amount: \$ _____
Comments _____	Comments _____

## BOND APPROVAL

AGENT DATE \_\_\_\_\_ SA, LLC DATE \_\_\_\_\_ SA, LLC DATE \_\_\_\_\_

Collateral ( % or \$) \_\_\_\_\_

Other Conditions and Comments \_\_\_\_\_

Surety \_\_\_\_\_ Attorney in Fact \_\_\_\_\_ # of Originals \_\_\_\_\_

Delivery Instructions \_\_\_\_\_

Fed Ex Account # \_\_\_\_\_