

A Division of Frankenmuth Insurance

Lost InstrumentCommercial Bond Application

Agency (required):				
Agent Name:				
Agency City:	Agency State:			
	00 5	D 17 :01		
Bond Amount: \$ E	ffective Date of Bond:	Bond Term, if known:	И - С	
Applicant is: (salast ana) Individual D	orthorobin G.C.Corn G.C.Corn G.L.C.		# of years	
Applicant is: (select one) ☐ Individual ☐ P	arthership \Box C-Corp \Box S-Corp \Box LLC	- □		
Applicant (Principal): Name to appear on Bond: Applicant's Projects Address:				
Applicant's Business Address:				
Applicant's Business Description:				
Applicant's Business Description: Number of Years in Business: U.S. Citizen? No Yes Business Pho	SS#: Fed	Tax ID:		
U.S. Citizen? □ No □ Yes Business Pho	one: Fax	No.:		
Email:				
Obligee – party requiring the bond (require	d):			
0111				
	Underwriting Questions			
Does the Applicant have any other Surety be				
Has another Surety company declined to write this or any previous bond?				
Have you ever had a bond involuntarily terminated or cancelled?				
Has there ever been a claim or legal action against any bond executed on your behalf?				
Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens?				
Have you or any of your companies been the			🗆 1 es 🗆 No	
in disciplinary action?			□ Vec □ No	
Have you ever been convicted of a felony?				
Thave you ever been convicted of a felony.			🗆 105 🗆 110	
	Lost Instrument Bonds			
Description of Lost Instrument:				
Present Value: \$	Is the bond amount □ Fixed □	Open Penalty?		
In whose name is the instrument or security				
Has the instrument / security been endorsed				
Has the instrument / security been assigned				
Is the instrument / security in bearer form?				
Has notice of loss been given? ☐ Yes ☐ No		Date:		
Has a stop notice been issued? ☐ Yes ☐ No)			
	(2)			
MUST COMPLETE AFFIDAVIT ON PAGE TWO	0 (2)			
Application Completed By:		Date:		
Signature				
- Signature				
Print Name & Title				
The applicant and indemnitors hereby request Frankenmuth	Mutual Insurance Company and any affiliated compan	y, their successors, or assigns to become their s	urety. The undersigned	
hereby certify the truth of all statements in the application, authorize the Company to verify this information at the time of application and as needed, on an ongoing basis and to obtain additional information from any source, including obtaining credit reports at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other				
legitimate purposes as determined by the Company in its re-	asonable discretion. Upon approval of any bond(s), the	applicants and indemnitors will receive an e-m	ail with instructions on	
how to execute an indemnity agreement through an e-signatu				
Please speak with your agent for additional details.				

AFFIDAVIT

(To accompany application for Lost Securities Bond)

STATE OF COUNTY OFSS:}	
Know All Men by These Presents, That	
That said deponent is the lawful owner of certain securities more particularly described as follows:	
(Give complete description above of the lost securities: if a stock Certificate, give number and state for how many shares.)	
That the said securities were / were not (circle one) endorsed.	
(If endorsed, describe the exact manner of endorsement.)	
That neither the said securities nor the rights of the deponent in the said securities have in whole or in part, sold, assigned, endorsed, transferred, hypothecated, pledged or otherwise disposed of, or any interest therein, in any manner whatsoever;	een
That the deponent is entitled to the full exclusive possession of the said securities; That (Describe in detail above the circumstances surrounding the loss or destruction of the securities.)	
That said deponent hereby requests	cate w or s or lost
It is understood that the word "securities" mentioned herein shall mean one or more than one particular instrument or document as above described.	
Subscribed and sworn to before me this day of,	
(Signature of Deponent)	
(Notary Public)	