

BONDEX INSURANCE COMPANY

Site Restoration Bond Application

Return this completed application along with a copy of the permit provided to you from the department of resilience engineering division, showing the work breakdown and application number.

Applicant's name in full (Print or Type)		<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC										
Business Address (Number, Street, City, State and Zip Code)		Occupation	How long in occupation?										
Amount of Bond \$	Type of bond required (see supplemental application page, as applicable) Site Restoration	Effective Date											
Name of Obligor: Department of Resilience and Public Works Obligee Address (Number, Street, City, State and Zip Code): 444 SW 2nd Avenue, 8th Floor, Miami, FL 33130													
Has an application for this bond been declined by another company? If yes, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and reason for change.											
Number of years you have owned this business:		Number of years experience:											
<p>Has the business, or any other principal involved: (Please provide an explanation to any questions with a "yes" answer.)</p> <table><tr><td>a. Had any lawsuits or judgments against them?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>b. Ever failed in business or declared Bankruptcy?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>c. Ever convicted of a crime?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>d. Ever had their license suspended, revoked or denied?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>e. Ever been party to a surety bond claim?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></table> <p>Site Address: _____ _____ _____ Permit Number: _____</p>				a. Had any lawsuits or judgments against them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Ever failed in business or declared Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Ever convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Ever had their license suspended, revoked or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Ever been party to a surety bond claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER, INCLUDING YOURSELF													
Name		Social Security Number	Percent Ownership										
Address		City State Zip	Telephone										
Name		Social Security Number	Percent Ownership										
Address		City State Zip	Telephone										

Indemnification Agreement	Signature Instructions. Sign the corresponding signatory X at the bottom of this form.: Sole Proprietorship- Owner must sign below. If married, spouse should also sign. Partnership- Each partner and his or her spouse should sign below. Corporation- An authorized officer (President or Secretary) should sign below on behalf of the corporation indicating his or her corporate title. All owners should sign after the corporate signature, writing the word "Indemnitor" after their names.	
	The undersigned Applicant and Indemnitors have requested that Bondex Insurance Company (hereinafter "Surety") become surety for the above bond. The undersigned hereby certify that all the information provided in the Application is true, and acknowledges that Surety is relying on this information to issue a bond. The undersigned agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. The undersigned authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. The undersigned jointly and severally agree:	
<ol style="list-style-type: none">To pay Surety each premium or premiums when due, until satisfactory evidence that Surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage.To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including any legal fees and expenses.To hold harmless and completely Indemnify Surety from any and all liability, claim, suit or judgment against the bond, including any legal fees and expenses whatsoever, which the Surety may sustain or incur by reason of having been surety on the bond or any other bond issued to the undersigned, or the enforcement of this agreement, or in obtaining a release or evidence of termination under such bond; regardless of whether such liability, loss, costs, damages, attorneys' fees and expenses are caused by the negligence of the Surety.To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made.That Surety has the exclusive right to defend, settle, pay, or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety.That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete and blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon.To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any claim received or loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself.That if a contract of performance bond is issued hereunder, the undersigned hereby assign to Surety any money now due or to become due under the contract, including any retained percentage, supplies, tools, plant, equipment and materials due or used on the contract.That a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement.This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.		
Signed this _____ Day of _____, _____ (Day) (Month) (Year)		
Contact E-Mail: _____		
Signatory#1 x. _____ Print Name & Title: _____		
Signatory#2 x. _____ Print Name & Title: _____		
Signatory#1 x. _____ Print Name: _____ Indemnitor		
Signatory#2 x. _____ Print Name: _____ Indemnitor		

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.