## **BONDEX INSURANCE COMPANY**

## **Tree ProtectionBondApplication**

Arborist Report

City Comments/Review where it indicates what trees are being protected and the amounts
 Business Financial Statement ONLY if bond is \$20,000 + and under Company name

Applicant's name in full (Print or Type)						
					Sole Ownership Corporation Partnership 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  Tree Protection		ation page, as applicable)	Effective Date		
Name of Obligee: City of Miami						
Obligee Address (Number, Street, City, State and Zip						
Has an application for this bond been declined by another company? If yes, explain:  Yes No			Prior Surety? Yes No			
Number of years you have owned this business:			If yes, give name and reason for change.  Number of years experience:			
Has the business, or any other principal involved:  (Please provide an explanation to any questions with a "yes" answer.)  a. Had any lawsuits or judgments against them?  b. Ever failed in business or declared Bankruptcy?  c. Ever convicted of a crime?  d. Ever had their license suspended, revoked or denied?  e. Ever been party to a surety bond claim?  Yes No  Yes No		Tree	Tree Address:			
		Start I	Start Date:			
		Antici	Anticipated Completion Date:			
		Proces	Process Number:			
c. Ever occupanty to a surety cond-chann.			Fence around tree?: Yes No			
Name	LLOWING INFORMATION	ON EACH O	Social Security Numl		ent Ownership	
			Social Security Francis	1 010	on o whelenp	
Address	City	State	Zip	Tele	phone	
Name			Social Security Numb	per Perc	ent Ownership	
Address	City	State	Zip	Tele	phone	
	•				•	
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 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:						
The undersigned Applicant and Indemnitors have rec information provided in the Application is true, and be prima facie proof of material, intentional and frau	chould sign after the corporate signsteed that Bondex Insurance (acknowledges that Surety is relablent misrepresentation for all	ignature, writing Company (here lying on this ir Il purposes of la	g the word "Indemnitor" a sinafter "Surety") become aformation to issue a bondaw and equity. The under	ofter their names.  surety for the above the undersigned	ve bond. The undersigned hereby certify that agree that proof of the falsity of any statement	all the
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