



Construction Bonding Specialists, LLC.

29445 Beck Road, Suite A-209 • Wixom, MI 48393
248-349-6227 • FAX 248-348-6762
barry@bondingspecialist.com
www.bondingspecialist.com

PATIENT TRUST FUND BOND APPLICATION*

Date: _____

1. AGENT/BROKER INFORMATION
Agency/Broker Name: Construction Bonding Specialists, LLC
Producer #: 2393
Phone #: 248-349-6227
Fax #: 248-348-6762

2. BOND INFORMATION
Type of Bond (Attach Bond Form): PATIENT TRUST FUND
Amount of Bond:
Effective Date:
Obligee Name:
Obligee Address:
Expiration Date: (if other than one year)

◆ If bond penalty exceeds \$25,000, submit Business and/or Personal Financials. No tax returns, please.

3. BUSINESS INFORMATION
Company Name (Must be exactly as it appears on bond):
Business Phone #:
Company Address:
City:
State:
Zip Code:
Business Net Worth: \$
Nature of Business:
[] Proprietorship
[] Corporation
[] Partnership [] LLC
Date Formed (Corp. or LLC):
of Owners, Partners or Members:
How Long in Business?
Previous Bonding Company:
Reason for Changing Bonding Company:

4. PERSONAL INFORMATION
Applicant's Name:
Social Security #:
Date of Birth:
Spouse's Name:
Social Security #:
Date of Birth:
Residence Address:
City:
State:
Zip Code:
Estimated Personal Net Worth:
Are you the Trustee, Trustor Or Beneficiary of any Trust?
[] Yes [] No
Ever Declared Bankruptcy?
[] Yes [] No
Pending or Prior IRS Liens?
[] Yes [] No
Any Lawsuits pending against you?
[] Yes [] No
Ever declined for bonding previously?
[] Yes [] No

5. Is there a Patient's Petty Cash Fund on premises? [] Yes [] No If yes, what controls are in place? _____

6. Name of Facility, if different from above: _____

7. Number of years operating under present management? _____

8. Do you carry Fidelity coverage for all employees and all locations? [] Yes [] No (Attach Certificate of Insurance.)

9. Please indicate where the patient trust funds are held: [] Facility [] Financial Institution

10. If held in a Financial Institution, is it FDIC insured? [] Yes [] No

FOR BONDS IN EXCESS OF \$25,000, PLEASE COMPLETE THE FOLLOWING QUESTIONS:

11. Are your patient trust fund accounts managed by an outside facility? [] Yes [] No

12. If yes to question number 11, is there a Bank Services Agreement in conjunction with the Fund Management Agreement? [] Yes [] No

13. What is the number of deposit/escrow accounts? _____

14. Approximate amount of money handled during the year? _____

15. Are separate accounts established for each resident's funds? [] Yes [] No

If yes, how are the accounts monitored (i.e. manual ledgers, computer spreadsheets, etc...)? _____

If no, what controls are used to identify each resident's funds? _____

16. Have any of your facilities ever been fined by any regulatory authority? [] Yes [] No

If yes, please describe the circumstances: _____

17. Date of last Audit from the regulatory authority: _____ Brief description of results: _____

*All information furnished on this application will be utilized and relied upon in the issuance of any bonds on or after the date above.

GENERAL INDEMNITY AGREEMENT

I request that Capitol Indemnity Corporation and/or Platte River Insurance Company, hereinafter known as CIC and/or PR, execute a bond and consider executing future bonds for the above named company and/or individual (Principal). I authorize CIC and/or PR or its agents to investigate my credit and Principal's credit, now and at any time in the future, with any creditor, supplier, customer, financial institution, or other person or entity. I make the following promises so that CIC and/or PR will execute a Bond and consider executing future bonds:

1. I agree that the following definitions apply: (a) Bond means (i.) any surety bond, undertaking, or other express or implied obligation of guaranty or suretyship, signed or committed to by CIC and/or PR at the request of Principal, or any of the indemnitors (regardless of what business entity is named on the Bond), on, before, or after the date of the agreement pursuant to which CIC and/or PR is or may be made liable for Loss, whether or not Principal is also Liable, and (ii.) all riders, endorsements, continuations, renewals, substitutions, modifications, extensions, replacements and reinstatements thereto; and changes in the penal sum thereto; and (b) Loss means any payment or expense either incurred or anticipated by CIC and/or PR in connection with any Bond or this agreement, including: payment of bond proceeds or any other expense in connection with claims, potential claims, or demands; claim fees, penalties; interest; court costs; collection agency fees; costs related to taking, protecting, administering, realizing upon, or releasing collateral; and attorney's fees (including but not limited to those incurred in defense of bond claims or pursuing any rights of indemnification or subrogation and in obtaining and enforcing any judgment arising from those rights).
2. I, individually, and jointly and severally with Principal and all other indemnitors, agree to hold CIC and/or PR harmless from all Loss and to pay back or reimburse CIC and/or PR for all Loss.
3. I agree to pay CIC and/or PR each annual premium due according to the rates in effect when each payment is due. I agree that premium for a Bond is fully earned upon execution of a Bond and is not refundable.
4. I agree 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.
5. I agree that CIC and/or PR may obtain a release from its obligations as surety on a Bond whenever any such release is authorized by law.
6. I agree that CIC and/or PR have the exclusive right to decide whether to pay, compromise, or appeal any claim against a Bond.
7. I agree that I cannot terminate my liability to CIC and/or PR created by this agreement except by sending written notice of intent to terminate to CIC and/or PR. Written notice to terminate shall be sent to CIC and/or PR at its service office, . I agree that the termination will be effective thirty working days after actual receipt of such notice by CIC and/or PR, but only for Bonds signed or committed to by CIC and/or PR after the effective date. Thus, I agree that I will remain liable to CIC and/or PR for Loss on Bonds signed or committed to by CIC and/or PR prior to the effective date of termination.
8. I agree that CIC and/or PR can bring any legal action arising out of or in any way related to any Bond or this agreement in Dane County, Wisconsin and the Wisconsin law shall apply where CIC and/or PR makes such election.
9. I agree that with my signature below, I am representing myself as both Principal and Indemnitor as used above.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed and dated this _____ day of _____, 2_____.

Company Name (if Applicable):	
Corporate Officer/Member/Partner Signature:	Corporate Officer/Member/Partner Name & Title (Print):

Principal/Indemnitor's Signature:	Principal/Indemnitor's Name (Print):	Social Security Number:
Principal/Indemnitor's Spouse's Signature:	Principal/Indemnitor's Spouse's Name (Print):	Social Security Number: