



Construction Bonding Specialists, LLC.

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ARC Bond Application*

Date: _____

ARC Agency Code Number (ACN) _____

Travel Agency Name _____

Travel Agency Address _____

(Number, Street, Office/Suite/Floor Number)

(City, State, Zip)

Travel Agency Telephone No. () _____ Fax Number () _____

Federal ID No. _____ Date Travel Agency Established _____

Travel Agency is a: ☐ Corporation, ☐ Sole Proprietorship, ☐ Partnership, ☐ LLC

What is the bond amount? \$ _____ Effective Date? _____
(Mo. Day Year)

How many years has one or more of the owners, partners or officers been in the travel agency business? _____

What is the annual average number of tickets sold for the following:

Tours & Group Trips	_____
Airline Tickets	_____
Cruises	_____
Corporate Accounts	_____

Do you charge a service fee? _____ If so, how much? _____

How many checks (drafts) for ARC have been dishonored by your bank in the past One year _____ ,
Two years _____ Three years _____ ? Has any Owner, Partner or Officer ever:
Been convicted of a felony? _____ , Filed bankruptcy _____ , have any pending or prior tax liens? _____
have any pending or prior lawsuits? _____ had a claim made against any prior surety bond? _____ . If the
answer to any of these questions is "yes", please attach an explanation. Include the date of the occurrence.

Please forward both corporate and personal financial statements. No tax returns, please.

Who was your previous surety company? _____

Reason for changing? _____

The **Principal** owner of the company **is required to answer this section.** Print to type.

Name: _____ SS#: _____ D/O/B ____/____/____

Residence: _____
(Number and Street) (City) (State) (Zip)

Spouse
Name: _____ SS# _____ D/O/B ____/____/____

****Important Note: ALL ARC BONDS MUST BE FULLY COLLATERALIZED. 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, P.O. Box 5900 Madison, WI 53705-0900. 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.

I authorize the Surety Company to contact the Airlines Reporting Corporation for credit information.

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: