



# Application and Indemnity Agreement for FMCSA Surety Bonds

## Instructions

1. Complete this entire application truthfully. Knowingly providing false or misleading information, or concealing information for the purpose of misleading, means you are committing a fraudulent insurance act, which may be a crime.
2. Include, via email attachment, your last annual business financial statements, including notes and accountant's report. If over six (6) months old, also include most current interim financial statements. Interim statements must be signed by a corporate officer attesting to their accuracy.
3. Obtaining a surety bond is similar to obtaining credit. Your application is subject to approval and may be denied. Completing the application does not guarantee your bond will be approved. Submit this application and all required attachments to Roanoke Underwriting, who will inform you of the decision on your application. If approved, you will be required to pay the first year's premium and applicable fees for your bond before it will be filed with the obligee.

## Applicant (Principal) Information

Legal Name of Individual/Proprietorship/Corporation/LLC

Trade name or DBA name (if applicable)

Address

DOT No. \_\_\_\_\_

SCAC Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Business Structure

Individual/Sole Proprietorship  Partnership  LLC  Corporation under the laws of \_\_\_\_\_

Years in business\* \_\_\_\_\_ \* If less than two years, attach summary of business experience of Applicant or of at least two officers/directors/members/partners.

Has Applicant ever:

If the answer is Yes to any of the three questions below, attach an explanation.

Defaulted under; been declined for; or received a surety notice of termination on; any bond?  Yes  No

Including any officer, director, member, partner, or owner thereof ever filed for bankruptcy or reorganization?  Yes  No

Note that, for the purposes of this question, "Applicant" includes the Principal named herein plus any affiliates and/or predecessor entities.

Are there any pending claims against any bond of Applicant?  Yes  No

## Does Application currently have the following insurance?

Note: A copy of the declaration page of coverage may be requested during the underwriting process.

Errors & Omissions (Professional Liability)  Yes  No

Contingent Motor Truck Cargo  Yes  No

Other \_\_\_\_\_

## Bond Information

Please specify the type of merchandise handled, bond amounts and type(s) of bonds.

General Merchandise Property Broker  Household Goods Property Broker

General Merchandise Freight Forwarder  Household Goods Freight Forwarder

Amount  \$75,000  Other (specify) \$ \_\_\_\_\_ Desired effective date(s) \_\_\_\_\_

**Agreement of Indemnity**

1. The undersigned Applicant hereby request the sureties represented by Roanoke Underwriting (“Surety”) to become surety for the above bond(s). The undersigned hereby certify the truth of all statements in the application and attachments and jointly and severally agree:
  2. to pay the premiums and any applicable fees including continuations and/or renewals;
  3. to completely indemnify Surety against any and all liability, loss, costs, damages, fees of attorneys and other expenses which Surety may sustain or incur by reason f, or in consequence of the execution of such bond(s) and any renewal, continuation or successor(s) thereof;
  4. to maintain insurance coverage (including, but not necessarily limited to, errors & omissions) as may be specified by Surety as underwriting qualifications for the above bond(s);
  5. that Surety shall have the right to adjust, settle or compromise any claim, demand, suit or judgment upon said bond(s) and its decision in good faith to make any payment shall be final and conclusive as to the fact and extent of the liability of the undersigned;
  6. to immediately notify Roanoke Underwriting of any suit or claim against Applicant that may be recoverable under its bond; and upon demand by Surety, to deposit current funds with Surety in amount sufficient to satisfy any liability, claim asserted, suit or judgment by reason of suretyship.
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Legal Name of Individual/Proprietorship/Corporation/LLC

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Legal Name of Officer/Director/Partner of Application

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Title

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Electronic Signature

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Date

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By checking this box I agree to the terms above, that the information I have provided is true to the best of my knowledge, and that I have legal authority to enter into agreements on behalf of the Applicant.