



Applicant's Representative: _____ New application
Address: _____ Renewal
Bond Amount: _____ State: _____ Effective Date: _____

1) Exact name of applicant (Bonded entity(s)): _____

2) Mailing address: _____

3) Date of incorporation: _____

4) Description of business: _____

5) Describe applicant's corporate structure (Parent, subsidiary, etc.): _____

Parent company's name (if applicable): _____

6) Applicant's year end: _____

7) Date of original self insurance approval or (N) for new applicant: _____
If currently self insured, state applicant's present form of surety (security): _____

8) Describe any events that occurred subsequent to the date of the most recently submitted audit report which has significantly affected the applicant's financial condition (merger, acquisition, consolidation, additional capitalization, etc.): _____

9) Describe any anticipated future events that may affect the applicant's financial condition: _____

10) Excess coverage (a copy of application may be attached):
Carrier: _____
Type of coverage: _____
Safety National policy number (if applicable): _____

11) Important: Enclose applicant's audited financial reports for the last three years. Also include the parent company's latest audit report, if applicable.

The information contained herein is warranted as true and accurate. It is understood that if the bond is issued, the customary application of the surety will be required. It is also understood that issuance of this bond may be contingent upon the receipt of a letter of credit (collateral) and collateral security receipt and agreement whereby the surety is entitled to the collateral as long as liability exists. A completed Safety National Casualty Corporation General Indemnity Agreement is also required prior to issuance of the surety bond.

Name of Applicant and subsidiaries: _____

Applicant's Representative's Signature: _____

(Please type name, title, and company of submitting broker)

Date: _____

SAFETY NATIONAL CASUALTY CORPORATION