

# Signature Guarantee Medallion Surety Bond Application

Applicant \_\_\_\_\_ CRD# \_\_\_\_\_

- Sole Proprietorship  Partnership  S Corporation  C Corporation  LLC  
 Subsidiary of \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_ Web Site \_\_\_\_\_

## Required Underwriting Information

1. Name of your Primary Fidelity Bond Insurance Company?

Please Indicate your limits for each insuring Agreement:

Insuring Agreement A - Fidelity	\$ _____
Insuring Agreement B - On Premises	\$ _____
Insuring Agreement C - In Transit	\$ _____
Insuring Agreement D - Forgery or Alteration	\$ _____
Insuring Agreement E - Securities	\$ _____

2. Name to appear on bond as principal, if different from Applicant:  
\_\_\_\_\_

3. Estimated number of signature guarantees performed annually? \_\_\_\_\_

4a. Will you lend medallion equipment to individuals from whom you do not receive W2's?  Yes  No

4b. Will you have arrangements with independent contractors or registered representatives to lend them medallion equipment?  Yes  No

5a. Type of Bond:  STAMP  SEMP  NYSE  SVP (Check all that apply)

Obligee:  Kemark Financial Service Inc., One Blue Hill Plaza, Suite 1820, Pearl River, NY 10965

New York Stock Exchange Inc, 11 Wall Street, New York, NY 10005

SV\_Program management Inc, One Blue Hill Plaza, Suite 1820 Peal River, NY 10965

5b. Bond Limit Requested? \_\_\_\_\_

*If you are applying for a bond limit of \$2 million, \$5 million or \$10 million limit, include with your application a copy of the latest regulatory report and most recent Audited Report.*

6. Does the Applicant have any other Surety bonds in force?  Yes  No

If "Yes", who is the Insurance Company? \_\_\_\_\_

7. Has another Surety declined to write a STAMP/SEMP/NYSE MSP Surety Bond or other Surety Bond?  Yes  No

8. Have you ever had a bond involuntarily terminated or cancelled?  Yes  No

9. Has there ever been a claim or legal action against any bond executed on your behalf?  Yes  No

10. Do you or any of your companies have any pending lawsuits, unsatisfied judgment or liens?  Yes  No

11. Have you or any of your companies declared bankruptcy or become insolvent?  Yes  No

12. Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action?  Yes  No
13. Have you ever been convicted of a felony?  Yes  No
14. Has the applicant continuously been in business under the current name and ownership for at least 3 years?  Yes  No
15. Has the applicant been at the same address for at least 3 years?  Yes  No

If you answered 'Yes' to one or more of Questions 7 through 13, please attach a brief but detailed written explanation, a current FORM BD, a copy of your most recent CPA-prepared audited financial statement, and a copy of current regulatory report (i.e. FOCUS Report).

## Indemnity Agreement

The undersigned hereby expressly authorizes Hartford Fire Insurance Company and its affiliates, subsidiaries and parent (collectively "Surety") to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes:

- (a) To verify information supplied to Surety;
- (b) For underwriting purposes; and
- (c) In the event Surety issues any surety bonds for or on behalf of Applicant upon receipt of a notice of claim or potential claim, for debt collection.

The undersigned Applicant and Indemnitor(s), (all hereinafter called the "Indemnitor(s)") hereby certify that the foregoing declarations made and answers given are the truth without reservation, and are made for the purpose of inducing the Surety to execute a certain bond or undertaking herein applied for, and any renewal, continuation or increase of the same, or any bond of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used).

If "Surety" shall execute or procure the execution of the bond or undertaking hereinbefore applied for, which bond and application are hereby referred to and made a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with Surety as follows: The Indemnitor(s) will pay the premiums and renewal premiums for each bond issued hereunder, until the Surety has received written legal evidence, satisfactory to the Surety, of its discharge from all such bonds and all liability related thereto.

The Indemnitor(s) agree to indemnify the Surety and save it harmless from all loss and expense, including, but not limited to interest, court costs, attorney fees, incurred by the Surety by reason of any claims against the Surety under any such bond.

The undersigned Indemnitor(s) hereby agree to deposit upon demand with the Surety an amount sufficient to discharge any claim or any such bond.

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF BENEFITS.**

WITNESS the following signature(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

If APPLICANT is an individual:

Witness \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
(print above name here)

\_\_\_\_\_  
(print above name here)

Witness \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
(print above name here)

\_\_\_\_\_  
(print above name here)

If APPLICANT is a Partnership, Corporation, Limited Liability Company or Limited Liability Corporation:

Name of Firm/Corporation/LLC \_\_\_\_\_ (Seal)

Federal Tax ID \_\_\_\_\_

Witness \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
(print above name here)

\_\_\_\_\_  
(print above name here)

**Third Party Indemnitors: (including personal indemnitors of S-Corporations)**

In consideration of the Surety executing the bond hereinabove applied for, we jointly and severally join in the foregoing indemnity agreement.

\_\_\_\_\_  
Third Party Indemnitor

Witness \_\_\_\_\_

Signature of  
Indemnitor \_\_\_\_\_ (Seal)

\_\_\_\_\_  
(print above name here)

\_\_\_\_\_  
(print above name here)

\_\_\_\_\_  
(Social Security Number or Federal Tax Id Number)

**Reminder—Please make sure the application has been SIGNED, WITNESSED and DATED in the appropriate areas.**

Please send your completed form via email it to  
**plsdsteam.service@amba.info** or fax it to **515-365-0556**.