



THE

PROSURE GROUP
INC.

Replevin Bond Application (for Individuals)

Thank you for giving The ProSure Group, Inc. the opportunity to assist you with your bond needs!

To follow is a checklist of items we'll need in order to establish a surety relationship with your firm. As you may know, applying for a bond is applying for credit. Because of this, the application process may be very similar to applying for a loan. Once we receive complete information from you, we will work with the surety or sureties that best fit your needs.

Please forward the following information:

- **Court Documentation** – Please provide us with all documentation relating to the case to provide a background.
- **Personal Financial Statements** (next page) – All owners must provide a personal financial statement. Similar, current forms are acceptable.

Please note, we may ask for additional information during the underwriting process. Upon approval of your application, a signed and dated General Indemnity Agreement will be required.

(Please make sure that this information is complete in order to avoid any delays. Otherwise, feel free to call us with any questions you may have, we're happy to assist!)

Applicant Information

Full Legal Name to Appear on Bond (This should be exactly as it appears on the Court Documentation)			
Mailing Address	City	State	Zip
Telephone #	Fax #	Email Address	Preferred Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Employer Name	What is your occupation?		How long have you been involved?
Social Security #	Date of Birth	If married, please provide Spouse's full legal name <input type="checkbox"/> Single <input type="checkbox"/> Married	
What Is the Bond Amount Needed?	Effective Date Requested (If this is left blank, the bond will be effective upon issuance)		How Did You Hear About Us?
Has a previous surety written this bond? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the reason you want to move to a new surety		

Parties Involved

Plaintiff Name & Address
Defendant Name & Address
Name & Address of your Attorney Firm
Contact Name & Phone number at your Attorney Firm
Describe nature and reason for action

"Your Leading Bond Team"

7217 Benjamin Road, Tampa, FL 33634 | Ph 813.243.1110 | Fx 813.243.1109 | www.prosuregroup.com
Email commercialbonds@prosuregroup.com

Do you, or any party involved on your side:

- Have any outstanding collection items or liens: Yes No
- Had any lawsuits or judgments against them: Yes No
- Ever declared bankruptcy: Yes No
- Ever been convicted of a crime: Yes No
- Ever had business license or bond suspended, revoked, cancelled, or denied: Yes No
- Are any of your party not U.S. citizens? Yes No

Personal Financial Information

Name _____		Statement as of _____	
Cash on hand and in banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Retirement Acct.	\$ _____	Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Installment Account (Other)	\$ _____
Life Insurance – Cash Surrender Value Only	\$ _____	Loan on Life Insurance	\$ _____
Stocks and Bonds	\$ _____	Unpaid Taxes	\$ _____
Real Estate (complete section below)	\$ _____	Mortgages On Real Estate	\$ _____
Automobile – Present Value	\$ _____	Other Liabilities	\$ _____
Other Personal Property	\$ _____	Total Liabilities	\$ _____
Other Assets	\$ _____	<i>Net Worth (Assets less Liabilities)</i>	\$ _____
Total	\$ _____	Total	\$ _____

Real Estate Owned (Use attachment if necessary to list all properties owned.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$ _____	\$ _____	\$ _____
Present Market Value	\$ _____	\$ _____	\$ _____
Mortgage Holder			
Mortgage Balance	\$ _____	\$ _____	\$ _____

I authorize The ProSure Group, Inc. / Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, character, or manner of meeting obligations to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible criminal and/or civil prosecution.

Florida. Statutes. Section 817,234(1) (b), "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information is guilty of a felony of the third degree."

Signature: _____ Printed Name: _____ Date: _____

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