



SURETY AGENCY APPLICATION

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1. GENERAL INFORMATION:

Agency Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Location Address: _____
 Other Locations: _____
 Agency Web Address: _____ Federal Tax ID Number: _____
 Telephone Number: _____ Fax Number: _____
 Individual _____ Partnership _____ Corporation _____

2. AGENCY PRINCIPALS/OFFICERS:

| Full Name | Title/Position | Phone | Email Address | Ownership % |
|-----------|----------------|-------|---------------|-------------|
| _____ | _____ | _____ | _____ | % |
| _____ | _____ | _____ | _____ | % |
| _____ | _____ | _____ | _____ | % |
| _____ | _____ | _____ | _____ | % |

3. AGENCY INFORMATION:

Number of years agency in business? _____ At present location? _____
 Number of employees in your agency? _____
 Commercial bond volume? \$ _____ Contract bond volume? \$ _____
 Total annual agency volume? \$ _____
 Anticipated type, amount and location of commercial surety business to be written with Hudson Insurance?
 Amount? \$ _____
 Types? _____
 States / Locations? _____
 What other lines on business does your agency specialize in? _____

| Current Surety Companies (top five) | Since | Annual Commercial Volume | Annual Contract Volume |
|--|-------|--------------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Have any companies cancelled an appointment with your agency? _____ Yes _____ No
 If so, when, who and why? _____
 Does your agency carry errors and omissions coverage? _____ Yes _____ No
 If yes, what limits? _____ (please attach a copy of your declaration page)

Anyone in the agency ever had their license suspended, revoked or otherwise disciplined by insurance regulators?
 _____ Yes _____ No If yes, provide a complete description: _____

Has anyone at the agency ever been alleged that they had exceeded their authority to issue bonds or any other insurance product?
 _____ Yes _____ No If yes, provide a complete description: _____

Have any of the agents currently employed in the agency even been convicted of a felony or an offense under 18 U.S.C. 1033?
 _____ Yes _____ No If yes, provide a complete description and detail: _____

4. Circle the states that you are looking to be appointed in. Please include the agency and individual licenses for each state selected below

- | | | | | |
|----------------------|---------------|----------------|----------------|---------------|
| Alabama | Hawaii | Michigan | North Dakota | Vermont |
| Alaska | Idaho | Minnesota | Ohio | Virginia |
| Arizona | Illinois | Mississippi | Oklahoma | Washington |
| Arkansas | Indiana | Missouri | Oregon | West Virginia |
| California | Iowa | Nebraska | Pennsylvania | Wisconsin |
| Colorado | Kansas | Nevada | Rhode Island | Wyoming |
| Connecticut | Kentucky | New Hampshire | South Carolina | |
| Delaware | Louisiana | New Jersey | South Dakota | |
| District of Columbia | Maine | New Mexico | Tennessee | |
| Florida | Maryland | New York | Texas | |
| Georgia | Massachusetts | North Carolina | Utah | |

5. REQUIRED DOCUMENT CHECKLIST: Copy of E&O Declaration Page (if agency carries it), Copy of Agency Licenses (Only home state individually and corporately) and Copy of individual agent's license for each agent to be appointed.

6. Federal Tax Information:

The following information is required for the purposes of complying with IRS 1099 reporting requirements. Failure to comply with this request may subject you to the IRS requirements for back-up withholding:

If you Federal taxes are filed as an individual or sole proprietor, please complete section 1.

SECTION 1

- Individual / Sole Proprietor (taxed on Form 1040, Schedule C, E or F)**
- Limited Liability Company (LLC) (taxed as Sole Proprietor on Form 1040, Schedule C, E or F)**

Individual's Name (as it appears on 1040 tax return): _____

DBA (if applicable): _____

Please provide only the tax identification number used to file your federal income taxes.

Social Security Number (SSN) ____ - ____ - ____ (preferred by IRS) (9 numbers)

-OR-

Employer ID Number (EIN): ____ - ____ (9 numbers)

If Federal income taxes are filed as a partnership or corporation, please complete section 2.

SECTION 2 – Please provide the following, exactly as it appears on the entity's tax return (1120, 1065, etc.)

- Corporation (taxed on Form 1120/1120S)**
- Partnership (taxed on Form 1065)**
- LLC (taxed as Corporation on Form 1120/1120S)**
- LLC (taxed as Partnership on Form 1065)**

Entity Name _____

DBA (if applicable)- _____

Employer ID Number (EIN): ____ - ____ (9 numbers)

COMPLETED BY :

1. The undersigned hereby certifies the truth of all statements above, agrees to all terms and items included and is hereby advised that Hudson Insurance Company, its subsidiaries and its affiliates have the right to conduct a background check prior to processing this appointment. Hudson Insurance Company may choose, based on the results of the background check, not to appoint the agent/agency. This document **must** be encrypted prior to electronic transmission to Hudson Insurance Company.

Agency Principal/Officer:

Name and Title

Signature

Date

P.O.A. PROFILE

(To Be Completed By Each Agent Requesting Power of Attorney)

I. AGENCY INFORMATION

| | |
|---|-----------|
| Agency Name | |
| Address | |
| City, State, Zip | |
| Phone | Fax |
| Federal Tax I.D. # | License # |
| Has agency license ever been revoked, suspended, cancelled, or rescinded? Yes No (If YES, please attach) details.) | |

II. AGENCY PERSONAL INFORMATION

| | |
|---|-------------------|
| Full Name of Individual to be Licensed | |
| License # | Email |
| Date of Birth | Social Security # |
| Residence Address | |
| City, State, Zip | |
| Residence Phone | Business Phone |
| Has license ever been revoked, suspended, cancelled, or rescinded? Yes No (If YES, please attach details.) | |
| Please list all states where you are licensed and attach a copy of said license(s). | |

III. ADDITIONAL QUESTIONS

(To be completed for each agent. If the answer is YES to any of these questions, please provide an additional sheet for each agent.)

| | | | |
|----|--|-----|----|
| 1. | Has the agent ever been refused a license, or had license suspended or revoked by any insurance department? | Yes | No |
| | Have you ever had a complaint issued against you by any insurance department? (If YES, please explain on an additional sheet.) | Yes | No |
| 2. | Is the agent indebted to any insurer under any agency agreement or otherwise? | Yes | No |
| | Is the indebtedness in dispute? (If YES, please explain on an additional sheet.) | Yes | No |
| 3. | Has the agent ever had any agency agreement cancelled or terminated? If YES, when, by what insurer and for what reason was the agreement terminated? (If YES, please explain on an additional sheet.) | Yes | No |
| 4. | Have you ever been charged with or convicted of a felony or misdemeanor? (If YES, please explain on an additional sheet.) | Yes | No |
| 5. | Are there any outstanding judgments or liens (including state or federal tax liens) against you? | Yes | No |
| | Have you ever filed for bankruptcy? | Yes | No |

IV. DISCLOSURE AND SIGNATURE

The agent is hereby advised that Hudson Insurance Company, its subsidiaries and its affiliates have the right to conduct a background check prior to processing this appointment. Hudson Insurance Company may choose, based on the results of the background check, not to appoint the agent/agency.

Signature of Agent _____ Date _____