



SOUTH COAST SURETY

209 Avenida Fabricante, Ste. 120 San Clemente, California 92672 ~ 949-361-1692 Fax 949-361-9926 ~ Broker/Agent License #0B57612

1-800-361-1720

Date _____

LOST SECURITIES BOND DATA SHEET AND AFFIDAVIT*

1. AGENT/BROKER INFORMATION	Agency/Broker Name: South Coast Surety	Producer #	Phone #: 949-361-1692	Fax #: 949-361-9926
2. APPLICANT INFORMATION	Applicants name:		Social Security Number:	
	Applicants' Net Worth:			
Address:		City:	State:	Zip Code:
On bonds over \$25,000, attach a financial statement.				
3. ISSUER / OBLIGEE INFORMATION	Name and address of Securities Issuer:			**Attach copy of all correspondence from Issuer including bond form provided.
4. SECURITIES DESCRIPTION	Describe Securities in Detail (If Stock Certificate, state # and how many shares; If check, give date, payee and what it was for.)			If <u>open penalty</u> , current Value of Securities: \$ _____
				If <u>fixed penalty</u> , Amount of Bond: \$ _____
Were the securities endorsed?		If yes, describe exact manner of endorsement:		Were securities registered or recorded? In whose name?
Are you the absolute owner of the securities?		How and when did you become the owner?		If a check was lost, on what date did the bank stop payment?
5. LOSS DETAILS	Describe in detail how the securities were lost or destroyed?			

AFFIDAVIT

STATE OF _____
COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS, That

_____ of _____
deponent, being duly sworn deposes and says:

That said deponent is the lawful owner of certain securities more particularly described as follows:

That neither the said securities nor the rights of the deponent in the said securities have in whole or in part, been sold, assigned, endorsed, transferred, hypothecated, pledged or otherwise disposed of or any interest therein, in any manner whatsoever, that the deponent is entitled to the full exclusive possession of the said securities;

That said deponent hereby requests _____
to issue new or duplicate securities in lieu of the securities so lost or destroyed and hereby agrees in consideration of the issue of said new or duplicate securities to hold _____ its respective transfer agents and _____ as Registrar and its and their successors and assigns harmless against any loss or damage sustained by reason of the issue of such new or duplicate securities or the refusal to make transfer of the lost securities.

It is understood that the word "securities" mentioned herein shall mean one or more than one particular instrument or document as above described.

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

Signature of Deponent

*All information furnished on this data sheet will be utilized and relied upon in the issuance of any bonds on or after the date above.

GENERAL INDEMNITY AGREEMENT

I request that Capitol Indemnity Corporation and/or Platte River Insurance Company, hereinafter known as CIC and/or PR, execute a bond and consider executing future bonds for the above named company and/or individual (Principal). I authorize CIC and/or PR or its agents to investigate my credit and Principal's credit, now and at any time in the future, with any creditor, supplier, customer, financial institution, or other person or entity. I make the following promises so that CIC and/or PR will execute a Bond and consider executing future bonds:

1. I agree that the following definitions apply: (a) Bond means (i.) any surety bond, undertaking, or other express or implied obligation of guaranty or suretyship, signed or committed to by CIC and/or PR at the request of Principal, or any of the indemnitors (regardless of what business entity is named on the Bond), on, before, or after the date of the agreement pursuant to which CIC and/or PR is or may be made liable for Loss, whether or not Principal is also Liable, and (ii.) all riders, endorsements, continuations, renewals, substitutions, modifications, extensions, replacements and reinstatements thereto; and changes in the penal sum thereto; and (b) Loss means any payment or expense either incurred or anticipated by CIC and/or PR in connection with any Bond or this agreement, including: payment of bond proceeds or any other expense in connection with claims, potential claims, or demands; claim fees, penalties; interest; court costs; collection agency fees; costs related to taking, protecting, administering, realizing upon, or releasing collateral; and attorney's fees (including but not limited to those incurred in defense of bond claims or pursuing any rights of indemnification or subrogation and in obtaining and enforcing any judgment arising from those rights).
2. I, individually, and jointly and severally with Principal and all other indemnitors, agree to hold CIC and/or PR harmless from all Loss and to pay back or reimburse CIC and/or PR for all Loss.
3. I agree to pay CIC and/or PR each annual premium due according to the rates in effect when each payment is due. I agree that premium for a Bond is fully earned upon execution of a Bond and is not refundable.
4. I agree that a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement.
5. I agree that CIC and/or PR may obtain a release from its obligations as surety on a Bond whenever any such release is authorized by law.
6. I agree that CIC and/or PR have the exclusive right to decide whether to pay, compromise, or appeal any claim against a Bond.
7. I agree that I cannot terminate my liability to CIC and/or PR created by this agreement except by sending written notice of intent to terminate to CIC and/or PR. Written notice to terminate shall be sent to CIC and/or PR at its home office, PO Box 5900, Madison WI, 53705-0900. I agree that the termination will be effective thirty working days after actual receipt of such notice by CIC and/or PR, but only for Bonds signed or committed to by CIC and/or PR after the effective date. Thus, I agree that I will remain liable to CIC and/or PR for Loss on Bonds signed or committed to by CIC and/or PR prior to the effective date of termination.
8. I agree that CIC and/or PR can bring any legal action arising out of or in any way related to any Bond or this agreement in Dane County, Wisconsin and the Wisconsin law shall apply where CIC and/or PR makes such election.
9. I agree that with my signature below, I am representing myself as both Principal and Indemnitor as used above.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed and dated this ____ day of ____, 2____.

Company Name (if Applicable):	
Corporate Officer/Member/Partner Signature:	Corporate Officer/Member/Partner Name & Title (Print):

Principal/Indemnitor's Signature:	Principal/Indemnitor's Name (Print):	Social Security Number:
Principal/Indemnitor's Spouse's Signature:	Principal/Indemnitor's Spouse's Name (Print):	Social Security Number:

Principal/Indemnitor's Signature:	Principal/Indemnitor's Name (Print):	Social Security Number:
Principal/Indemnitor's Spouse's Signature:	Principal/Indemnitor's Spouse's Name (Print):	Social Security Number: