

**BOND**

## Indemnity Agreement

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, procurement, assumption, 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).

Indemnitor(s) hereby expressly authorize Hartford 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 Hartford; (b) For underwriting purposes; and (c) Upon receipt of a notice of claim or potential claim, for debt collection. Hartford may furnish copies of any and all statements, agreements, and financial statements and any information, which it now has or may hereafter obtain concerning each of the Indemnitors, to other persons or companies for the purpose of procuring co-suretyship or reinsurance.

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself or any of its affiliates, parent, subsidiaries, co-sureties, or re-insurers, (individually and collectively called "Hartford"), as 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 Hartford as follows:

Indemnitor(s) shall pay the premiums and renewal premiums for each bond issued hereunder, until Hartford has received written legal evidence, satisfactory to Hartford, in its sole discretion, of its discharge from all such bonds and all liability related thereto.

Indemnitor(s) agree to indemnify Hartford and save it harmless from any and all loss and expense of whatsoever kind or nature, including, but not limited to interest, court costs, attorney fees, incurred by Hartford in connection with or by reason of furnishing any bond hereunder. The undersigned Indemnitor(s) hereby agree to deposit upon demand with Hartford an amount sufficient to discharge any claim or any such bond, which deposit may be held by Hartford as collateral security against any loss or cost on this bond.

Indemnitors agree that any Oblige on any bond written pursuant to this Agreement is specifically authorized and requested to disclose any and all information, including providing copies of documents, whether deemed confidential or not, requested by the Surety in its investigation of any claim. The indemnitors irrevocably appoint Hartford as their Attorney in Fact with the right but not the obligation to exercise its rights and execute or deliver any document in the name of the indemnitor deemed necessary to carry out the intent and purpose of this paragraph.

A facsimile signature of this document shall be deemed an original signature for any and all purposes.

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

WITNESS the following signature(s) and seal(s) this 9 day of JULY, 2014.

If Indemnitor is a PARTNERSHIP, CORPORATION or LLC:

Look here to see who can sign

CUSTOMER ACQUISITION SPECIALISTS OF AMERICA, INC.  
Name of Firm/Corporation

Witness:

EVE WITTER  
Print Above Name Here

By:

Print Above Name Here  
Title (Print)

ALBERT J. MATHERS  
PRESIDENT / CEO (Seal)

If Indemnitor is:  Individual (need Social Security)  3rd-Party Individual (need Social Security)  3rd-Party Company (need FEIN)

Witness:

EVE WITTER  
Print Name Above

Indemnitor:

Fein 59 3600 275  
SS# 370 78 1432  
Print Name, Title, Social Security or FEIN # of above

If Indemnitor is:  Individual (need Social Security)  3rd-Party Individual (need Social Security)  3rd-Party Company (need FEIN)

Witness:

Print Name Above

Indemnitor:

Print Name, Title, Social Security or FEIN # of above

If Indemnitor is:  Individual (need Social Security)  3rd-Party Individual (need Social Security)  3rd-Party Company (need FEIN)

Witness:

Print Name Above

Indemnitor:

Print Name, Title, Social Security or FEIN # of above

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

## **CALIFORNIA NOTICE**

California Notice: The Hartford may charge a fee if this bond or policy is cancelled before the end of its term. The fee can range between 5% to 100% of the pro rata unearned premium. Please refer to the terms and conditions stated in the policy or bond. This notice does not apply to cancellations initiated by The Hartford.

# Important

## Commercial Surety Application

### License & Permit/Miscellaneous

#### Instruction Sheet

We have created an instruction sheet to assist you in completing this application. Please refer to this sheet before sending the Commercial Surety Application back to The Hartford. It will help avoid any delays in processing your application due to missing information.

1. Please complete page 1 in its entirety. (Some commonly overlooked items include producer code, year established, date of bond, and obligee information)
2. The final page is the *Indemnity Agreement*. A checklist of 4 questions will help remind you of the key items that need to be addressed:
  - **Did you date the form (directly above the signatures)?**
  - **If the applicant is a Corporation, Partnership or LLC, is the respective name entered with the corresponding signature of the President (or authorized officer) immediately below? (Seals should be used, as appropriate)**
  - **If the applicant is an individual, did he/she sign the form and provide his/her Social Security Number?**
  - **Did a witness sign the form attesting to the authenticity of the Indemnitors' signature?**

Please note that a properly executed app (signed, witnessed and dated) will be needed for bond issuance. Signed application can be faxed to: 877-257-2166. You can also find your local regional office or dedicated Bond Center team here: <http://www.hartfordbond.com/hbportal/contact.html>

You can also send original application with signatures to the following address for filing:  
The Hartford Bond Center  
P.O. Box 958461  
Lake Mary, FL 32795

# License & Permit/Miscellaneous

## Commercial Surety Application



**THE  
HARTFORD**

Complete this application in its entirety.

Application must be **SIGNED, WITNESSED** and **DATED**.

### General Information Questions

Type of Bond (describe purpose) Energy (Electric) Consultant Surety Bond - State of New Jersey

(Attach a copy of the bond form, if available)

**PRODUCER OF RECORD (required):** Dana A. Snyder

**Agency Name:** LassiterWare Insurance

**RO/Agency Code:** \_\_\_\_\_

**Sub Producer Code:** \_\_\_\_\_

**Bond Number:** \_\_\_\_\_

**Agency City:** Tampa

**Agency State:** \_\_\_\_\_

FL

**Bond Amount:** \$ 5,000

**Effective Date of Bond:** \_\_\_\_\_

**Bond Term, if known:** \_\_\_\_\_  
# of years

Applicant is: (select one)  Individual  Partnership  C-Corp  S-Corp  LLC  \_\_\_\_\_

**Applicant (Principal):** Customer Acquisition Specialists of America, Inc.

**Name to appear on Bond, if different from Applicant:** \_\_\_\_\_

**Applicant's Business Address:** \_\_\_\_\_

**Applicant's Business Description or Latest Occupation:** \_\_\_\_\_

**Number of Years in Business:** 15

**SS#:** - -

**Fed Tax ID:** 59-3600275

**U.S. Citizen?**  No  Yes

**Business Phone:** 727-643-5398

**Fax No.:** \_\_\_\_\_

**Email:** Fumel@tampabay.rr.com

**Obligee -- party requiring the bond (required):** The People of the State of Illinois

**Obligee Address:** 527 East Capitol Avenue, Springfield, IL 62701

**Billing Method:**  Agency Bill  Direct Billed - full payment

Direct Bill TABS Account

**Billing Address, if different from Applicant's**

**TABS Account No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### Underwriting Questions

Does the Applicant have any other Surety bonds in force with any other Surety company?  No  Yes

Has another Surety company declined to write this or any previous bond?  No  Yes

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

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

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

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

Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action?  No  Yes

Have you ever been convicted of a felony?  No  Yes

**(If you answered Yes to any of the above questions, please attach a detailed explanation.)**

Has the Applicant continuously been in business under the current name and ownership for at least three years?  No  Yes

Does the bond guarantee the performance of a specific contract or agreement?  No  Yes  
If Yes, attach a copy of the contract or agreement.  copy attached

Does the bond cover any type of environmental or pollution exposure?  No  Yes

Does the bond guarantee the payment of taxes, fees, wages or payment of any type?  No  Yes