COMPLETE APPLICABLE SECTION ON REVERSE Section



WESTERN SURETY COMPANY

	Individual	
	Partnership	
	Corporation	
imited I	ighility Company	

	and trade names	s) Please print or typ	e	Social Se	ecurity #	Age	Married Single
Residence Address							Single [
(Street and Number)		(City)		(State)	(Zip)	(T	elephone #)
Business Address		(0.15)		(Bitate)	(23.17)	(orephone wy
(Street and Number)		(City)		(State)	(Zip)	(T	elephone #)
Occupation or business	How lon	ng so engaged?	Previous Surety	☐ Yes ☐	No If yes, give n	ame and reason t	for change.
Type of Bond			Amount o	f Rond	Effective	Date	
			\$	Dona	Enective	Date	
Complete name and address of Obligee							
FINANCIAL STAT	EMENT as	s of					
Check applicable section on	the reverse	side to see who	ether a financ	cial staten	nent is nec	essary.	
Check one: Busin	ness Financ	ial Statement	☐ Personal l	Financial	Statement		
ASSETS				LIABI	LITIES		
'ash (List Banks)		Accounts	Payable				
			e & accrued				
Stocks + Bonds – Describe			yable to Bank _				
			yable to Others				
Notes Receivable – Describe		Mortgage	on Real Estate)		Α	
Merchandise or Material in Stock			on Real Estate				
Accounts Receivable		Other Lia	ibilities – Descr	ribe			
Real Estate, HomesteadA Real Estate, InvestmentB		TOTALI	TADIL ITTIES				
Furniture and Fixtures			LIABILITIES tock (Paid in) _				
Other Assets – Describe			RTH OR SURI				
TOTAL ASSETS			Liabilities and N				
iross Sales - Two Years Ago Las	t Van-						
ndersigned applicant and indemnitors hereby request Western Subjection, authorize the Company to verify this information and to	arety Company (the	INDEMNITY The "Company") to become from any second and	me surety for the abource, including obt	bove bond. The	report at the time	ereby certify the	ne truth of all state
ndersigned applicant and indemnitors hereby request Western Suplication, authorize the Company to verify this information and to time of any potential or actual claim, or for any other legitimate To pay the usual premiums, including renewal premiums, to the To completely INDEMNIFY the Company from and against a reason of having been surety on this bond or any other bond is bonds; regardless of whether such liability, loss, costs, dama; To furnish the Company with satisfactory and conclusive termin Upon demand by the Company for any reason whatsoever, to dep That the Company shall have the right to handle or settle any claim shall be prima facie evidence of the fact and extent of the Irability has been surety on any bond at That the Company may decline to become surety on any bond at That the Company shall, without notice, have the right to alter it That if a contract or performance bond is issued hereunder, the unpayments and retained percentage, supplies, tools, plants, equipped, the courts of the State of South Dakota and the United States of That this indemnity may be cancelled as to subsequent liability by thereafter upon which the Company could have cancelled all bot in the event of any payment by the Company, to pay the Company amounts at the highest legal rate from the date such payments and	arety Company (the obtain additional additional propries as deter Company or its agany liability, loss, ssued for applicarges, attorneys' feation evidence that ossit current funds most current funds my or suit in good from the company of the undersigned may cancel or a epenalty, terms andersigned hereby ment and materials verned in all respective of the control of		-				
Address McGlone Insurance Services, Inc. 3061 Fulton Avenue Sacramente, CA 93821	arety Company (the obtain additional is purposes as detection of the obtain additional is purposes as detection of the obtain additional is purposed and in the obtain a construction of the obtained and		demnitors should sig	gn their names		25 L 3 A 3 C 3	40 637 33
Address	Zip AGENT'S be the differen	Note: Personal incown handwriting,	lemnitors should sign e.g. Should sign but the	gn their names مطنسط or having	and add the word	d "indemnitor"	in their