

# **J.R. OLSEN BONDS & INSURANCE BROKERS, INC.**

CA Broker/Agent Lic. #0680914

## **LOST INSTRUMENT BONDS**

**Fixed Penalty or Open Penalty  
(Cashier's Check, Money Order & Stock Certificates)**

This bond category concerns missing stock certificates and government bonds.

**Instructions to apply for the bond are as follows:**

1. Application (attached): Please complete in full, date and sign as indicated.
2. Affidavit (attached): Must be properly completed, dated, signed and notarized.
3. A copy of the lost instrument
4. Submit copies of all correspondence with the issuing company including the stop payment notice on the lost certificates/bonds, if available. In addition, any correspondence received by the transfer agent, bank, or other financial institution identifying you (the applicant) as the owner of the missing instrument.
5. For bonds \$10,000 and over, the applicant is required to include a personal financial statement and complete copy of the most current fiscal year end business financial statement, if applicable.
6. Additional information may be required.

Please note that the bonds are subject to a minimum \$150.00 premium. The final cost will be quoted upon approval.

Thank you,

**J. R. Olsen Bonds & Insurance Brokers, Inc  
L&P Dept.**

J.R. Olsen Bonds reserve the right to change or cancel these terms and conditions at any time without notice to include the return of premium and fees. We hope this will accommodate you/your client, and we look forward to working with you on this account.

### **PLEASE SIGN AND RETURN**

The above quote may include an administrative (broker) fee. Therefore, the undersigned hereby agrees that if a fee is charged, to pay the fee in the amount of     \$     as shown above. If Bond is cancelled midterm, the commission shall also be considered a fee, and be fully earned. In addition, fees and premiums may earn interest. This undeclared income is non-refundable and fully earned as well as any fees charged. In addition, J. R. Olsen Bonds & Insurance Brokers, Inc. may also be acting on behalf of the insurer issuing the subject Bond(s) or Insurance and will be receiving a commission. This agreement shall serve as the writing required pursuant to the rules set forth by the California Department of Insurance. In the future other fees may be charged for reinstatement or changes to the bond due to unresponsiveness to renewal, incorrect information provided, etc., fees for changes are usually \$25.00. Fees charged by other companies will be documented above and on the invoice. (Brokers/Agents shall comply with their applicable state regulations regarding fees)

Quote and Agreement Accepted: \_\_\_\_\_ (Sign)  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

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7407 Topanga Canyon Blvd., Canoga Park, CA 91303  
Tel: (818) 227-2620 ~ Fax: (818) 227-2748 ~ Toll Free: (800) 452-7121  
[www.jrolsenbonds.com](http://www.jrolsenbonds.com)

**Commercial Surety Application**

Date: \_\_\_\_\_

\*Tax Return information will be used to verify time in business

<b>BOND INFORMATION</b>	Type of Bond (Attach Bond Form):	Amount of Bond*:	Effective Date:
Obligee Name:	Obligee Address:	Expiration Date (if other than one year):	

**\*Bond penalty over \$25,000, submit Business and/or Personal Financials.**

<b>BUSINESS INFORMATION</b>	Company Name (Must be exactly as it appears on bond):		Business Phone #:	
Company Address:	City:	State:	Zip Code:	Business Net Worth: \$
Nature of Business:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Date Formed (Corp. or LLC):	# of Owners, Partners or Members:	*How Long in Business?
Previous Bonding Company:	Reason for Changing Bonding Company ( <b>Not Applicable in MO</b> ):			

<b>PERSONAL INFORMATION</b>	Applicant's Name:		Social Security #:	Date of Birth:
Spouse's Name:			Social Security #:	Date of Birth:
Residence Address:	City:	State:	Zip Code:	Estimated Personal Net Worth: \$
Real Estate Owned:	Value:	Owed:		
Are you the Trustee, Trustor Or Beneficiary of any Trust?	Ever Declared Bankruptcy?	Pending or Prior IRS Liens?	Any Lawsuits Pending Against You?	Ever declined for Bonding previously? ( <b>Not Applicable in MO</b> )
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PERSONAL INFORMATION</b>	Co-Applicant's Name:		Social Security #:	Date of Birth:
Spouse's Name:			Social Security #:	Date of Birth:
Residence Address:	City:	State:	Zip Code:	Estimated Personal Net Worth: \$
Real Estate Owned:	Value:	Owed:		
Are you the Trustee, Trustor Or Beneficiary of any Trust?	Ever Declared Bankruptcy?	Pending or Prior IRS Liens?	Any Lawsuits Pending Against You?	Ever declined for Bonding previously? ( <b>Not Applicable in MO</b> )
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Completion of this application constitutes permission to obtain consumer information which will be used to determine bonding eligibility. \_\_\_\_\_ - Signature(s)

**Fraud Statement** "Any Person who knowingly and with intent to injure, defraud, or deceive and insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

**ALL PREMIUMS ARE EARNED IN FULL**

LOST INSTRUMENT AFFIDAVIT

THAT THE UNDERSIGNED, BEING DULY SWORN, UNDER PENALTY OF PERJURY DEPOSES  
AND SAYS:

THAT A CERTAIN STOCK CERTIFICATE (    ), CASHIER'S CHECK, MONEY ORDER (    ),  
MUNICIPAL BOND (    ) [check one] NUMBER \_\_\_\_\_

DATED \_\_\_\_\_ OWNER: \_\_\_\_\_ IS THE ONE AND  
ONLY INSTRUMENT, AND THAT THERE ARE NO OTHER INSTRUMENT(S) OUTSTANDING,  
AND THAT EVERY EFFORT HAS BEEN MADE TO DISCOVER THE WHEREABOUTS OF  
MISSING INSTRUMENT(S). THE UNDERSIGNED FURTHER ASSERTS THAT THE MISSING  
INSTRUMENT (S) HAS NOT BEEN ASSIGNED OR PLEDGED TO ANY THIRD PARTY(IES).

THAT THE UNDERSIGNED FURTHER AGREE(S) TO HOLD THE SURETY COMPANY AND ITS  
SUBSIDIARY AND AFFILIATES, FREE AND HARMLESS FROM ANY LOSS THEY MAY SUSTAIN  
BY VIRTUE OF THE FOREGOING NOT BEING TRUE.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

BY: \_\_\_\_\_

BY: \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_,  
proved to me on the basis of satisfactory evidence to be the person(s) who appeared  
before me.

Notary's Signature \_\_\_\_\_

Notary Seal