

J.M. STRANGE & COMPANY D/B/A SURETY ADVISORS, LLC
800 Bering Dr. Ste 310
Houston, TX 77057
(713) 622-1494 FAX (713) 622-1861

CERTIFICATE OF TITLE SURETY BOND
Check List

APPLICANT'S NAME _____

APPLICANT'S PHONE _____ Home _____ Cell _____

1. ___ TX DMV Rejection letter
2. ___ Statement of Fact
3. ___ Blue Book Value / Standard Presumptive Value / Appraisal (applies to trailers only)
4. ___ Vehicle Inquiry Receipt
5. ___ Proof of Ownership
 - Bill of Sale
 - Cash receipt
 - Gift receipt
 - Copy of Title
 - Title
 - Cancelled payment check
6. ___ ID (Drivers License)
7. ___ W-9 (on individual/entity who is paying the bond premium and agency fee) *Attached*
8. ___ Completed, signed, and dated Certificate of Title Bond Application (on individual/entity reflected on TX DMV Rejection letter) *- Attached*
9. ___ Signed Disclosure Statement *- Attached*
10. ___ Signed Agency Fees Are Not Refundable acknowledgement



RLI Surety
 A Division of RLI Insurance Company
 P.O. Box 3967 Peoria, IL 61612-3967
 Phone: 309-692-1000 Fax: 309-692-8637

<input type="checkbox"/> Check here if correspondence was previously faxed to RLI	
RLI Insurance Company	IL Fax #: (309) 692-8637
To: _____	TX Fax #: (972) 241-6225
From: _____	WA Fax #: (425) 672-3993
	FL Fax #: (941) 926-4751
Bond No. _____	P0008601.MD

Certificate of Title Bond Application

APPLICANT INFORMATION	Applicant (for partnership, give full names of partners and trade name)	Soc. Security No.	Date of Birth
Address	City	State	Zip
<input type="checkbox"/> Married <input type="checkbox"/> Single			
Nature of Business or Occupation	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership		How so long so engaged?
BOND DESCRIPTION	Amount of Bond	Effective Date	
Complete Name and Address of Oblige			
Texas Department of Transportation		Vehicle Titles and Registration Division	Austin, Texas 78779-0001
VEHICLE INFORMATION	Make	Model	Body Type/Style
License #	Year	Motor I.D. #	Manufacturer # (if applicable)
State License Issued	Number of Cylinders		

PERSONAL INFORMATION	Important: Send us current Financial Statement of Applicant or complete attached Financial Statement Form. Also send a copy of evidence of ownership of vehicle
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INDEMNIFICATION AGREEMENT Signature Instructions: Sole Proprietorship - Owner must sign below. If married, spouse should also sign. Partnership - Each partner and his or her spouse should sign below. Corporation - An authorized officer (President or Secretary) should sign below on behalf of the corporation indicating his or her corporate title. All owners should sign below the corporate signature only writing the word "indemnitor" after their names.

I agree to indemnify RLI Insurance Company (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree:

- 1) To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage.
- 2) To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including any legal fees and expenses.
- 3) To hold harmless and indemnify Surety from any and all liability, damages, loss, costs and expenses of every kind, including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and/or issuance of the bond.
- 4) To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made.
- 5) That Surety has the exclusive right to defend, settle, pay, or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety.
- 6) That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon.
- 7) To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself.
- 8) 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.
- 9) This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.

AGENCY INFORMATION	Agency Name: <u>J M Strange & Company</u> Agency Code: <u>39405</u> Address: <u>800 Bering Dr. Ste 310</u> <u>Houston, TX 77057</u> Agent's Phone: <u>713-622-1494</u> Agent's Fax: <u>713-622-1861</u>	Signed this ____ day of _____, _____. _____ _____ _____
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AGENT'S RECOMMENDATION: <input checked="" type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.	Comments: _____ _____ _____
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Disclosure Statement Service Fees And Reimbursements

Our agency may provide certain services that you request or that are necessary to place or maintain your insurance. Sections 550.001, 4005.003 and 4005.004 of the Texas Insurance Code authorize us to charge a fee for services if we obtain your written consent prior to providing the service or incurring the expense. The fee may be charged in addition to any commission we may receive from the insurance company providing the insurance coverage. In some cases where we charge a fee and also receive compensation from an insurer or other third party, we are required to disclose this fact to you and provide a description of the method and factors used to compute the compensation. The purpose to this Disclosure Statement is to comply with these requirements and agree with you that if we perform any of the following services on your behalf, you agree to pay the amount indicated as compensation for the services provided or expenses incurred.

You may call the Texas Department of Insurance at 800/252-3439 to obtain information on how to file a complaint if you have a complaint regarding these fees.

Category of Services	Description of Services To be Provided	Fee for each service
Printing or Reproduction		\$
Electronic Mail or Telephone Transmission		\$
Special Delivery or Postal		\$
Costs Similar to the above services		\$
Motor Vehicle Records	We will provide a copy of the records(s) to you.	\$
Photographs of Property		\$ (actual cost only)
Application Fee		\$ (actual cost only)
Inspection Fee		\$
Agent Fee (in addition to commission)*	All underwriting correspondence & bond preparation, including time on telephone with underwriters and client.	\$50.00
Agent Fee (in Lieu of commission)		\$
	TOTAL FEES	\$50.00
	Sales Tax (if applicable)	\$0
	TOTAL CHARGE	\$50.00

When this box is checked, we disclose to you that our agency or an affiliate of our agency receives compensation from an insurer or other third party. The compensation we receive includes the following if one or more boxes is checked:

- Commission computed as a percentage of the premium you pay for the insurance.
- Contingent commission, profit sharing or nonfinancial rewards, computed annually and based on the amount of premium and profitability of all the insurance business we place through the insurer. This compensation is not guaranteed.

Other:

I agree to pay the fees specified above to Surety Advisors, LLC.

Signed _____ Date _____

Name of Organization/or Individual

Title

AGENCY FEES ARE NOT REFUNDABLE

Agency Fees are only owed if we are successful in writing the bond and it is accepted by the customer. Additional fees may be charged if there are changes to the bond after it has been issued and accepted. By paying this fee, you agree that if a bond has been issued and accepted, the agency fee is fully earned and not refundable.

Premiums

Court & Probate- First year premiums to the bonding company are fully earned regardless of cancellation date. Pro-rated return premiums are available on bond renewals based on the court release date.

Contract, Bid, Payment & Performance- All premiums are fully earned and not refundable.

License, Permit, and Fidelity- Premium refunds are dependent on the type of bond, the bond term and the bonding company's return premium policy.

By: _____
Bond Applicant's Signature

Print Name Date

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see Instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,