

Lexon Insurance Company

Miscellaneous Surety Bond — Simple Issue

Contact Information

Applicant Name: _____ Taxpayer ID or SSN: _____
 Address: _____ Phone Number: _____
 City/State/Zip: _____ Fax Number: _____
 Individual Sole Proprietorship Partnership Corporation Email: _____
 Occupation or business activity: _____
 Year business started: _____ Has Applicant ever been bankrupt? Yes No

If Applicant is a Partnership or Corporation, list Partners or Owners:

Name	Complete Residence Address	% of Ownership

If Applicant is an Individual:

Employer's Name: _____ Phone Number: _____
 Address: _____

Bond Information

Type of Bond: _____
 Amount of Bond: _____ Effective Date: _____
 Obligee Name: _____
 Obligee Address: _____

Agents Recommendation

How long have you known the applicant: _____
 Tell us what you know and think of this applicant: _____

Agency Name: Carter and Companv. LLP / P.O. Box 672 / Lulinda. TX 78648 No. 830-875-3164

Indemnity

The undersigned applicant indemnitor(s) hereby request the BOND SAFEGUARD INSURANCE COMPANY and/or LEXON INSURANCE COMPANY (herein referred to as "Company") to become surety for and furnish the herein applied for bond and such other bond or bonds as may now or hereafter be required by or in behalf of the above named applicant.

The undersigned certify that the information and statements contained in this application are true and correct, and the undersigned jointly and severally in consideration of the Company becoming surety, or executing or guaranteeing any bond or bonds for the applicant, do for value received hereby covenant, promise, and agree to pay the Company the usual premium, and we each jointly and severally agree to indemnify and save the surety harmless from and against any liability, and all loss, cost, charges, suits, damages, counsel fees, and expenses of whatever kind or nature which said Company shall at any time sustain or incur, for or by reason, or in consequence of said Company having become surety or entering into such bond or bonds and agree to place the Company in funds to meet any claim or demand before it shall be required to make payment.

The Company may decline, except for statutory provisions to the contrary, to become surety on any bond of the applicant, and in case it does act as surety shall have the right to withdraw or cancel same whenever it shall see fit; and in any event the Company shall not be required to disclose the reason upon which its action is based, and shall not be responsible for any loss or damage that may be sustained by reason of such action. Without notice to the applicant or indemnitor(s), the Company at any time may increase or decrease the penalty of any bond of the applicant, or may change the terms or conditions of any such bond and this agreement does also indemnify the Company as to any such bond as so altered.

If Applicant is Partnership or Corporation, then Partners/Owners must sign as Personal Indemnitor

Signed _____ day of _____, _____ Personal Indemnitor
 _____ Personal Indemnitor
 _____ Personal Indemnitor
 _____ Applicant Personal Indemnitor