

LOST NOTE / DEED BOND APPLICATION

Applicant _____	Social Security Number _____
Spouse _____	Day Phone _____
Address _____	Evening Phone _____
Occupation _____	Own a Home? _____ Equity in Home \$ _____
NOTE INFORMATION	
Maker (Trustor) _____	
Beneficiary _____	
Amount _____	Date Made _____ Date Payable _____ Date Paid _____
TRUST DEED INFORMATION	
Trustee: _____	
Recorded in _____	County on _____ in Book _____ Page _____
ESCROW INFORMATION	
Escrow Company _____	File (Escrow) No. _____ Phone No. _____
BOND INFORMATION (Note: Bond amount is determined by the Trustee, not the surety or escrow company.)	
1. If note is paid, and evidence of payment is provided, premium is \$15.00 per \$1,000. of bond amount.	\$ _____ (bond amount) x 1.5% = \$ _____ (premium)
2. If note is unpaid, premium is \$40.00 per \$1,000. of bond amount.	\$ _____ (bond amount) x 4% = \$ _____ (premium) (Minimum Premium \$100.00)
3. If bond is to facilitate foreclosure, premium is \$20.00 per \$1,000. of bond amount.	\$ _____ (bond amount) x 4% = \$ _____ (premium)
Summarize the facts related to the loss of the note.	

Please provide the following additional items: 1. A copy of a recent Preliminary Title Report on the property, 2. A copy of the note if available, 3. If available, send copies of canceled checks, payment books, etc., that prove that payment was made, 4. A check for the bond premium.

FINANCIAL STATEMENT AS OF _____, 20 _____

Cash in Bank _____	Bank Loan _____
Securities (Marker) _____	Borrowed on Securities _____
Accounts Receivable _____	Accounts Payable _____
Notes Receivable _____	Notes Payable _____
Real Estate _____	Mortgage of Real Estate _____
Cash Value of Life Insurance _____	Other Liabilities _____
Other Assets _____	
Total _____	Total _____

Indemnity Agreement

The undersigned applicants(s) and indemnitor(s) hereby:

A. Certify the information in this application is true and request American Contractors Indemnity Company, U.S. Specialty Insurance Company, and/or United States Surety Company to become surety for the above named applicant.

B. The undersigned authorize state agencies, credit services, banks and other firms and corporations to furnish any information requested concerning any transactions including but not limited to credit history and department of motor vehicle records, and the undersigned specifically waive any confidentially requirements.

Should American Contractors Indemnity Company, U.S. Specialty Insurance Company, and/or United States Surety Company ("Company") execute said bond the undersigned agree as fo

- To indemnify the Company and hold it harmless against all loss, liability, costs, and expenses of whatever kind and nature, including but not limited to, investigative, accounting, and the fees and disbursements of counsel which the Company sustains or incurs for or by reason of said bond.
- If requested, to immediately place with the Company funds to meet any claim or demand before the Company makes payment.
- To authorize the Company to adjust, settle, or compromise any claim or demand, suit or judgment upon said bond and to defend such suits and appeal such judgments.
- To accept as prima facie evidence, voucher(s) and itemized statement(s) sworn to by officers of the Company in the event of payment(s) by the Company.
- This Agreement shall bind the undersigned, their heirs, executors, administrators, successors and assigns.

Signature(s) of Applicant(s) for bond: _____ Date: _____

Applicant _____	Applicant _____
AGENT INFORMATION	
Name _____	Phone _____
Address _____	Fax _____
City, State, Zip _____	HCCS Producer No. _____

FRAUD NOTICE
Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. HCCSZ534

Protecting the Privacy of Information

You have a relationship with one or more of the following HCC Surety Group (“HCCS”) of companies: American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company, and/or U.S. Specialty Insurance Company. Each HCCS company is committed to protecting your privacy by keeping the nonpublic personal information we collect from you confidential and secure. This policy applies to our relationships with individual consumers who inquire about and/or obtain products or services from HCCS for personal, family and household purposes. Please read this Privacy Policy that details HCCS’s information use policies and practices.

Strict Security Measures

HCCS takes the security of information very seriously and has established security standards and procedures to prevent unauthorized access to customer information. These standards exist for both our physical facilities and our online services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard consumer information. In addition, HCCS has policies and procedures to limit employee access to information to only those employees with a business reason for accessing such information. HCCS educates its employees about the importance of confidentiality and customer privacy. We take appropriate disciplinary measures to enforce employee responsibilities regarding customer information.

Why HCCS Collects Information

HCCS collects information about you to:

- Accurately identify you;
- Protect and administer your records, policies, and funds;
- Help us design or improve our products and services;
- Save you time when you apply for new products and services;
- Offer you quality products and services; and

- Comply with certain laws and regulations.

Information We Collect

HCCS may collect the following nonpublic personal information from you and outside sources:

- Data you provide on your application and other forms you provide HCCS (such as name, address and occupation);
- Your transactions with HCCS, such as your account balance, payment history and claims history;
- Credit history from the consumer reporting firms.

HCCS has established procedures so that the information we collect is accurate, current and complete. HCCS is committed to working with you to promptly correct any inaccurate information.

Information We Share

Depending on the type of relationship you have with HCCS, we may share or disclose the information we collect from you, such as your claims history and payment history, with HCCS affiliates, as well as with unaffiliated third parties. This information is shared to the extent necessary to service you and your policy as completely as possible. HCCS reserves the right to share all information we collect as this policy provides.

Under the law, HCCS is permitted to share identification information with HCCS affiliates, as well as information related to the transactions and experiences we have with our customers. By sharing this information, HCCS is able to streamline transactions to ensure you receive the service you need.

We also disclose the information we collect from you to complete transactions initiated by you when you request or authorize the disclosure, or if the disclosure is required by law. At times it is necessary to disclose information to enforce or apply the terms and conditions of any agreement we have with you and to protect the rights, property, or safety of HCCS, our customers, or others. This includes exchanging information with other companies and organizations, including governmental law enforcement authorities, to detect or prevent fraud, criminal activity, material misrepresentations or

material non-disclosures in connection with insurance transactions.

We may also disclose the information we collect from you to unaffiliated third parties, as permitted by law. This includes unaffiliated third parties who provide marketing services for HCCS.

HCCS will not sell your personal information to unaffiliated third parties nor will it provide your personal information to third parties, doing business on HCCS’s behalf, for their own marketing purposes.

Former Customers

If you end your relationship with HCCS, we will adhere to the information policies and practices described in this policy.

Changes to Our Privacy Policy

We reserve the right to change our Privacy Policy. If we make a material change to our Privacy Policy, we will notify you before we put it into effect.

Your relationship with HCCS is a way for you to receive necessary insurance at a reasonable cost. We offer innovative products and personal attention. At the same time, we work hard to protect the confidentiality and security of information. Thank you for allowing HCCS to provide you with the policies and services you need.