

Stamp Signature Guarantee Bond Application for Financial Institution Enrollees

Hartford Fire Insurance Company, Hartford Casualty Insurance Company, Hartford Accident & Indemnity Company

Theodore Liftman Insurance, Inc.

APPLICANT (Principal):

Address:

STAMP BOND SINGLE LIMIT \$ AGGREGATE LIMIT \$ (Aggregate Limit is 2 times the bond limit)

Type of Bank/Institution: Company Issuing Banker's Blanket Bond:

Amount of Bankers Blanket Bond \$ Policy #: Effective Date: Bond Term ___ year(s)

NOTE: SECURITIES DEALER FIDELITY BOND MUST EQUAL OR BE GREATER THAN THE SINGLE STAMP BOND LIMIT

OBLIGEE: **KEMARK FINANCIAL SERVICES, INC.** Address: One Blue Hill Plaza, 11th Floor, Pearl River, NY 10965-8686

Has application been made to another Surety for this bond?

INDEMNITY AGREEMENT

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself and its affiliates, parent and subsidiaries, individually and collectively called "the Surety", shall execute or procure the execution of the bond or undertaking hereinbefore applied for, which bond and application are hereby referred to and made part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with The Hartford as follows:

The undersigned Applicant and Indemnitor(s), (all hereinafter called the Indemnitor(s)) hereby certify that the foregoing declarations made and answers given, are the truth without reservation, and are made for the purpose of inducing the Surety to execute a certain bond or undertaking herein applied for, and any renewal, continuation or increase of the same, or any bond of a similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used), and in consideration of the Surety executing said bond or bonds or undertaking, do undertake and agree as follows:

That the Indemnitor(s) will pay the premiums and renewal premiums for each bond issued hereunder, until the Surety has received written legal evidence, satisfactory to the Surety, of its discharge from all such bonds and all liability related thereto.

The Indemnitor(s) agree to indemnify the Surety and save it harmless from all loss and expense, including, but not limited to interest, court costs, attorney and counsel fees, incurred by the Surety by reason of any claims against the Surety under any such bond.

The undersigned Indemnitor(s) hereby agree to deposit upon demand with the Surety an amount sufficient to discharge any claim or any such bond.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF BENEFITS.

WITNESS the following signature/s and seal(s) this _____ day of

_____, _____.

IF APPLICANT is a CORPORATION, PARTNERSHIP, or LIMITED LIABILITY COMPANY sign here:

Attest/Witness:

(seal)

Witness

By: (Corporate/Partnership Name)

President

INDIVIDUAL INDEMNITY, sign here:

Witness

SSN

Witness

SSN

Witness

SSN

Underwriting Questions

1. Does the applicant have any Surety bonds in force with other carriers? Yes No
2. Has another Surety company declined to write this or any previous bond for the applicant? Yes No
3. Has the applicant ever had a bond involuntarily terminated or cancelled? Yes No
4. Has there ever been a claim or legal action against any bond executed on behalf of the applicant? Yes No
5. Does the applicant or any companies owned by or related to the applicant have any pending lawsuits, unsatisfied judgments or liens? Yes No
6. Has the applicant or any companies owned by or related to the applicant declared bankruptcy or become insolvent? Yes No
7. Has the applicant or any companies owned by or related to the applicant been the subject of a legal or administrative proceeding resulting in disciplinary action? Yes No
8. Has the applicant ever been convicted of a felony? Yes No
9. Has the applicant continuously been in business under the current name and ownership for at least three years? Yes No
10. If the applicant is a business, has the applicant been in business at the same location for at least three years? Yes No
11. Does the applicant carry any insurance that affirmatively responds to the bonded obligation? Yes No
12. Does the bond guarantee the performance of a specific contract or agreement? Yes No
13. Does the bond cover any type of environmental or pollution exposure? Yes No
14. Does the bond guarantee the payment of taxes, fees, wages or payment of any type? Yes No

Name of Applicant: _____

Signature of Authorized Personnel: _____

Date: _____