BDH ASSOCIATES, INC.

4572 Lawrenceville Hwy., Suite 201 Lilburn, GA 30047 (770) 564-2999 or Toll Free (888) 328-0500 Fax: (770) 564-9327

COURT BOND REQUIREMENTS (APPEAL, ETC.)

Annual Premium: Varies by Insurance Company (\$100. minimum annually)

In order to apply for the above bond, the following application needs to be completed and forwarded to us with the listed information.

- 1. Judicial Proceedings Application
- 2. Copy of the Court Documents
- 3. Completed Personal Financial Statement (Form Attached)
- 4. Business Financial Statement, if bond is to be in the name of a business
- 5. Written explanation of the circumstances that prompted the court action
- 6. Indemnity Agreement Information Sheet
- 7. Name address and phone number of the Bank where Letter of Credit will be issued

100% Collateral is required

Please fax all of the above information to our office for review.

If bond is approved, an indemnity agreement will be forwarded to you for signature. In order to issue the bond, the original paperwork must be forwarded to our office with the premium.

If you have questions, or need additional information, please call Rena Moss at the above number.

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Lilburn, GA 30047

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Bond No.	
Amount \$	
Premium \$	
Agent BDH Associates, Inc.	٦

APPLICATION FOR A JUDICIAL PROCEEDINGS BOND

(Do Not Use for Probate Bonds)

• GENERAL INFORMATION •

Bond Description:								
Applicant's Name and Address:		Applicant's Social Security						
				No:				
Applicant's Phone Numbers:		Type of Occupation/Business:						
Home: () Busine	ss: ()	Fax: ()					
011: 1 31 1 1 1 1								
(Court where bond is to be filed)								
Bond Amount (If open penalty, so state) \$		Estimated Net Worth	th of Applicant				
Effective Date:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$					
Have you applied to any other surety co	ompany for this bond?	Have you	previously been bonde	d by another surety?				
If so, give full particulars:								
Have you ever failed in business?				or suits pending?				
• J	UDICIAL PROCEEDIN	NGS INF	ORMATION •					
Court:		Docket #:						
Attorney's Name:		Attorney's Address:						
Title of Proceedings:		Amount in Controversy:						
IF BOND INVOLV	ES THE SITUATION BELO	W, PLEAS	E COMPLETE INFO	PRMATION				
Seizure or	Character and Value of	of Property: Disposition of Property:						
Release								
of Property Appeal of Supersedeas: An	nount of Judgment or Decree:	Injunction		Substance of Bill or Petition				
\$	de la sudgment of Declee.	injunction.		asking for Injunction:				
Describe facts of case:				<u> </u>				

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PERS	ONAL FINANCIAL S	STATEMEN	Γ AS OF	:			,	20			
Name	of Individual	Social Security Number				Date of Birth					
Nam	e of Spouse	Sc	ocial Securit	y Number			Da	Date of Birth			
Res	idential Address (Street, City,	State, Zip Code)			<u>_</u>	lome Ph	one Numbe	r (Including A	rea Code)		
	ASSETS			LIABILITIES							
	Cash in Banks:			L	oans Payab	anks):					
	Notes Receivable:	· · · · · · · · · · · · · · · · · · ·					yable:				
Д	ccounts Receivable:				Account	<u>.</u>					
Stoc	ks/Bonds/Securities:						yable:				
Real	Estate (Residence):				Mortgage						
Real Estate	(Investment/Other):					ilities:		· · · · · · · · · · · · · · · · · · ·			
Cash \	/alue Life Insurance:										
	Personal Property:				TOTAL LI	TIES:					
	Other Assets:				NE.	RTH:					
	TOTAL ASSETS:			тот	AL NET WORTH	ILITIES:					
NCOME	Salary: \$		Spouse's		\$	Т	OTAL INC	NCOME:			
		Bonus/Other: \$ Bonus/Other: \$ SUPPLEMENTARY SCHEDUL			ACCETO 6 I	\$	ITIEO				
	(NOTE: All data listed a							riate.)			
CASH IN E	BANKS								, , , , , , , , , , , , , , , , , , , ,		
Bank Name, Branch & Location					Account Nu		Amount				
					1						
NOTES &	ACCOUNTS RECEI	VABLE									
Name & Address of Debtor		Am	Amount		Due Date		(yes/no)	Security			
STOCKS/I	BONDS/SECURITIE	S									
Name & Number(s) of Stock, Bond or Security		No. of	f Shares Price/Share		Market Value		Exchange & Call Sign				
			- 1		l	1		1			

Location/Description	REAL ESTATE											
Name of Insurance Beneficiary Face Value Cash Value Loans Outstanding OTHER ASSETS Description Title Holder Cost Market Value Age of Asset Age of Asset LOANS PAYABLE Name of Lender Address Balance Due One Year One Year ACCOUNTS & NOTES PAYABLE (Including Charge Accounts) Payable to Whom Address Amount Payable to Whom Address Amount Due Date How Secured TAXES PAYABLE (State & Federal) Description Payable to Whom Amount Description Amount Date Payment is Due OTHER LIABILITIES Description Payable to Whom Are you contingently liable or an endorser on any bonds or other obligations? Ves No Are you involved in any tiligation? Ves No Are you find for bankuptcy in the last 7 years? Ves No Are you involved in any tiligation? Ves No Are you find for bankuptcy in the last 7 years? Ves No Are you find hereby address and request any person, firm or occeptation requested by 8DH Associates, inc. concerning any transaction with the underlanguation and request any person, firm or occeptation in confirm this infancial statement and many furnisocial or that three above statements presents accurately mytour financial condition to the best of mytour knowledge and belief and like hereby admirts and request any person, firm or occeptation to confirm this infancial statement and many furnisocial or this through and or other occupance for the topoge of the foregoing o	Location/Description			Co	ost							
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	Ву:	Date:			Ву	:			Date:			

INDEMNITY AGREEMENT INFORMATION SHEET

I COMPA	ANY INFORMATION						
Legal Name of Company							
Address of Company							
	(County)						
Year Business Started: Type of Bus	siness or Occupation						
Federal ID #: State of Income	rporation Year of Incorporation Partnership Corporation LLC						
Ownership:	Partnership Corporation LLC						
Business Phone: () Business	Fax: () Other Phone:()						
E-mail Address:							
If Corporation: President							
Corporate Secretary							
II STOCK HOLDER'S, OWNER'S.	PARTNER'S & OR MEMBER'S PERSONAL						
	FORMATION						
Legal Name of Owner	Title:						
Legal Name of Owner's Spouse							
Home Address							
Home Phone: (Home Fax: ()						
Owner's Social Security #:	Home Fax: ()						
Owner's Date of Birth:	Spouse's Date of Birth:						
	Speake & Date of Birth.						
Legal Name of Owner Title:							
Legal Name of Owner's Spouse							
Home Address							
Home Phone: ()	Home Fax: ()						
Owner's Social Security #:	Spouse's Social Security #:						
Owner's Date of Birth:	Spouse's Date of Birth:						
	Spease & Date of Briti.						
V 134 60							
Legal Name of Owner	Title:						
Legal Name of Owner's Spouse							
Home Address							
Home Phone: ()	Home Fax: ()						
Owner's Social Security #:	Spouse's Social Security #:						
Owner's Date of Birth:	Owner's Date of Birth: Spouse's Date of Birth:						