BDH ASSOCIATES, INC.

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

GEORGIA LOTTERY CORPORATION BOND REQUIREMENT

ANNUAL PREMIUM: VARIES DEPENDING ON SURETY

In order to apply for the above bond, please submit the following information:

- 1. Georgia Lottery Bond Application (Form Attached)
- 2. Personal Financial Statement of all owners, officers and/or stockholders (Form Attached)
- 3. Corporate Financial Statement (If new business, please indicate same on application)
- 4. Copy of Georgia Lottery Commission letter showing that bond is required and the reason
- 5. Indemnity Agreement Information Sheet

Please fax all information above to our office for review.

A CREDIT REPORT WILL BE PULLED ON EACH OWNER, OFFICER AND/OR STOCKHOLDER

If you have any questions, please feel free to contact our office.

BDH Associates, Inc.

4572 Lawrenceville Hwy, Suite 201

Lilburn, GA 30078

(770) 564-2999 or Toll Free (888) 328-0500

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

APPLICATION FOR A GEORGIA LOTTERY CORPORATION BOND

• GENERAL INFORMATION •

		EIVERALE	IN ORIMA					
Bond Description:								
Applicant's Name and Address: (Show individual name or business name to be shown on bond) Social Security No Or FEI:								FEI:
Applicant's Phone Numbers: E-Mail Address:						Occupation or B	usines	SS:
Home: () Business: ()		Fax:	()					
Obligee's Name and Address:								
(State & Agency Requiring Bond)								
Bond Amount (If open penalty, so state) \$ Estimated Net Worth of Applicant								
Effective Date:				\$				
Have you applied to any other surety company for this	bond?	Have you	ı previously be	en bonded by another	r surety?			
If so, give full particulars:				Ž	· _			
Have you ever failed in business? Are there any	v judgment	s against vo	u or suits pend	ing?				
	•]	BUSINESS	INFORMAT	TION •				
List all Owners				m' 1		f Ownership		Spouse's
Name, Home Address, City, State, Zip, Phone				Title	So	c. Sec. No.		Name
Description of Applicant's Business:								
How long engaged therein?								
INSURANCE		LIMI \$	TS		CA	RRIER		
Workmen's Compensation: YES 1								
Public Liability: YES NO \$								
Property Damage: YES 1	NO	\$						
Other: YES 1	NO	\$						
	-		· · · · · · · · · · · · · · · · · · ·					
Do you own real estate?	□ Yes	□No						
Have you or any Partner or Officer:	d in Business?		□Y€	es	□No			
2) Ever Declared Bankruptcy?	Arrested?							
4) Any Prior or Pending: Lawsuits? Corporate Financial Star	s?	r must ha n	rovided	es	□ No			
•	NSURANC y insurance	CE FRAUD :	PREVENTION or other person	I ACT NOTICE files an application for	or insurance	containing any f	alse in	nformation, or
Vere you referred by your insurance agency?			oroto, commi	a madadont moure	, 111	is a crimic.		
f yes, name of your insurance agency:								
other Referral:								

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PERSONAL FINANCIAL STATEMENT AS OF:	. 20
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Name of Individual Social Secur			ial Security	Number				Date	Date of Birth			
Name of Spouse Social Security				<i>i</i> Number				Da	Date of Birth			
Resid	ential Address (Street, City, S	State, Zip Code)		Home Phone Number (Including Area Code)						rea Code)		
	ASSETS			LIABILITIES								
	Cash in Banks:			Loans Payable (Banks):								
	Notes Receivable:			Notes Payable:								
Acc	counts Receivable:				Acc	coun	ts Pa	yable:				
Stocks	/Bonds/Securities:					Taxe	s Pa	yable:				
Real E	state (Residence):				Mort	gage	s Pa	yable:				
Real Estate (Investment/Other):				(Other	· Liab	ilities:				
Cash Va	lue Life Insurance:											
	Personal Property:			TOTAL LIABILITIES:								
	Other Assets:			NET WORTH:								
	TOTAL ASSETS:		TOTAL NET WORTH & LIABILITIES:									
INCOME Salary: \$				Spouse's Salary: \$ TOTAL INCOME:								
Bonus/Other: \$			Bonus/C				\$					
	SUPPLEN (NOTE: All data listed	MENTARY SC above must appear							ate)			
CASH IN BA		above made appear	III THE GEE	opriate con	caaloo. Inc	3011 110	21 1	ioro approprio	. (С. /			
Bank Name, Branch & Location				Account Number					Amount			
NOTES & A	CCOUNTS RECE	IVABLE		•								
Name & Address of Debtor			Am	mount Due [:e	Pledged	(yes/no)	Security		
STOCKS/BO	ONDS/SECURITIE	S	•									
Name & Nur	mber(s) of Stock, Bond	d or Security	No	o. of	Price/S	Shar	Mark	et Value	Exchange	e & Call Sign		
			,									

Location/Description	REAL ESTATE											
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Are you involved in any litigation? YES* NO Have you filed for bankruptcy in the last 7 years? YES* NO *Explain all "YES" answers on a separate sheet of paper. I/We hereby certify and declare that the above statements presents accurately my/our financial condition to the best of my/our knowledge and belief and I/we hereby authorize and request any person, firm or corporation requested by BDH Associates, Inc. concerning any transaction with the undersigned; and BDH Associates, Inc. is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the sole purpose of securing suretyship, co-suretyship and/or reinsurance.												
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By: Date: By: Date:	hereby authorize and request any pers Associates, Inc. is authorized to obtain	son, firm or co n information t	rporation require confirm this	ested by E financial s	BDH Assoc statement a	iates, Inc ind may f	. concerning ar urnish copies o	ny transact of the foreg	ion with the oing statem	unders ent and	igned; and BDH	
	Ву:	By: Date:							Date: _			

INDEMNITY AGREEMENT INFORMATION SHEET

ALL BLANKS MUST BE COMPLETED

I	CC	OMPANY INFORMATION						
Legal	Name of Company							
Addr	ess of Company							
	1 5	(County)						
Year	Business Started: Type o	of Business or Occupation						
Feder	ral ID #: State of	Incorporation Year of Incorporation Partnership Corporation LLC						
Own	ership: Sole Proprietorship	☐ Partnership ☐ Corporation ☐ LLC						
Busir	ness Phone: () Busi	ness Fax: () Other Phone:()						
E-ma	il Address:							
If Co	rporation: President							
	Corporate Secretary							
II	STOCK HOLDER'S, OWNE	CR'S, PARTNER'S & OR MEMBER'S PERSONAL INFORMATION						
Legal	Name of Owner	Title:						
Legal	Name of Owner's Spouse **	Title:						
Home	e Address							
Hom	e Phone: ()	Home Fax: ()						
Own	er's Social Security #:	Spouse's Social Security #:						
	er's Date of Birth:	Spouse's Date of Birth:						
Legal	Name of Owner	Title:						
Legal	Name of Owner's Spouse **							
Hom	e Address							
Home	e Phone: ()	Home Fax: ()						
	ner's Social Security #: Spouse's Social Security #:							
Own	er's Date of Birth: Spouse's Date of Birth:							
		Title:						
Legal	Name of Owner's Spouse **							
Hom	e Address							
Home	e Phone: ()	Home Fax: ()						
Owne	er's Social Security #:	Spouse's Social Security #:						
	er's Date of Birth:	Spouse's Date of Birth:						
		· -						

^{**} Spouses name must be shown if married – if not married, please write single.