

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

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: Home: () _____ Business: () _____ Fax: () _____	Type of Occupation/Business:
Obligee's Name and Address: _____ (Court where bond is to be filed) _____	
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 previously been bonded by another surety? _____ If so, give full particulars: _____	
Have you ever failed in business? _____ Are there any judgments against you or suits pending? _____	

• JUDICIAL PROCEEDINGS INFORMATION •

Court:	Docket #:		
Attorney's Name:	Attorney's Address:		
Title of Proceedings:	Amount in Controversy:		
IF BOND INVOLVES THE SITUATION BELOW, PLEASE COMPLETE INFORMATION			
Seizure or Release of Property	Character and Value of Property:	Disposition of Property:	
Appeal of Supersedeas:	Amount of Judgment or Decree: \$	Injunction:	Substance of Bill or Petition asking for Injunction:
Describe facts of case:			

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PERSONAL FINANCIAL STATEMENT AS OF : _____, 20_____

Name of Individual	Social Security Number	Date of Birth
Name of Spouse	Social Security Number	Date of Birth
Residential Address (Street, City, State, Zip Code)		Home Phone Number (Including Area Code)

ASSETS		LIABILITIES	
Cash in Banks:		Loans Payable (Banks):	
Notes Receivable:		Notes Payable:	
Accounts Receivable:		Accounts Payable:	
Stocks/Bonds/Securities:		Taxes Payable:	
Real Estate (Residence):		Mortgages Payable:	
Real Estate (Investment/Other):		Other Liabilities:	
Cash Value 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/Other: \$	\$

SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate.)

CASH IN BANKS

Bank Name, Branch & Location	Account Number	Amount

NOTES & ACCOUNTS RECEIVABLE

Name & Address of Debtor	Amount	Due Date	Pledged (yes/no)	Security

STOCKS/BONDS/SECURITIES

Name & Number(s) of Stock, Bond or Security	No. of Shares	Price/Share	Market Value	Exchange & Call Sign

REAL ESTATE							
Location/Description	Year Acquired	Cost	Market Value	Monthly Income	Monthly Paymen	Mortgage Balance	Mortgage or Lienholder

CASH VALUE OF LIFE INSURANCE				
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding

OTHER ASSETS				
Description	Title Holder	Cost	Market Value	Age of Asset

LOANS PAYABLE				
Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured

ACCOUNTS & NOTES PAYABLE (Including Charge Accounts)					
Payable to Whom	Address	Amount	Monthly Payment	Due Date	How Secured

TAXES PAYABLE (State & Federal)		
Description	Amount	Date Payment is Due

OTHER LIABILITIES					
Description	Payable to Whom	Amount	Monthly Payment	Due Date	How Secured

Are you contingently liable or an endorser on any bonds or other obligations? YES NO
 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.

By: _____ Date: _____ By: _____ Date: _____

INDEMNITY AGREEMENT INFORMATION SHEET

I COMPANY INFORMATION

Legal Name of Company _____
Address of Company _____
_____(County)_____
Year Business Started: _____ Type of Business or Occupation _____
Federal ID #: _____ State of Incorporation _____ Year of Incorporation _____
Ownership: Sole Proprietorship 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 INFORMATION

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: _____

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: _____

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: _____
