

PO Box 69
 Conway, AR 72033
 Phone: (501) 255-2663
 Fax: (501) 255-3299



1100 Bob Courtway Drive
 Suite 16
 Conway, AR 72032
 Applications@BondAmerica.com

ARKANSAS BONDED TITLE CORPORATE SURETY BOND

Applicant's name in full	Social Security #	Age	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Address	City	State	Zip Code
Title of Bond BONDED TITLE – ARKANSAS	Amount of Bond		Phone Number
Complete name and address of Obligee STATE OF ARKANSAS – DEPT OF FINANCE & ADMIN. – PO BOX 1272 – LITTLE ROCK, AR 72203			
Occupation or Business			How long so engaged?

VEHICLE INFORMATION

Year	Make	Model	Body Style
Does this vehicle have any liens against it? <input type="checkbox"/> YES <input type="checkbox"/> NO		Vehicle Identification Number (VIN#)	

INSTRUCTIONS

- 1) Attach a copy of the Bill of Sale or Proof of Ownership
- 2) Attach a **COPY** of the Letter of Approval from the State of Arkansas
- 3) Attach a check made payable to **BondAmerica** for:

Bond amount required by the State x 1% = \$ _____

(PLEASE PAY MINIMUM PREMIUM OF \$100 IF AMOUNT ABOVE IS LESS THAN \$100)

INDEMNITY AGREEMENT

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 SURETY itself and its affiliates, parent, and subsidiaries, hereinafter called Surety, to become Surety on a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of 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 undertaking do undertake and agree as follows:

To pay the Surety all premiums when due and annually in advance of each renewal thereafter, until the Indemnitor(s) shall serve the Surety, as its said office, competent written legal evidence, satisfactory to the Surety, of it being duly discharged from such bond or undertaking. That the Indemnitor(s) hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, firms, and corporations in order to confirm and verify information referred to or listed on this application. The Indemnitor(s) will at all times indemnify, and keep indemnified, the Surety, and hold and save it harmless from and against any and all damages, loss, cost, charges and expenses of whatsoever kind or nature, including counsel and attorney's fees, whether incurred under retainer or salary or otherwise, which it shall or may, at any time, sustain or incur by reason or in connection with furnishing any bond or undertaking. To deposit with the Surety on demand an amount sufficient to discharge any claim made against the Surety on this bond or undertaking. This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss or cost on this bond or undertaking.

Regardless of the date of signature(s), this indemnity agreement is effective as of the date of execution of aforementioned bond(s) or undertaking(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein.

TODAY'S DATE _____

NAME (Printed) _____

By: _____
Signature

In consideration of executing the Bond(s) applied for the Applicant, the Undersigned, now referred to as Indemnitor(s), acknowledge(s) that the above indemnity Agreement has been read and the Indemnitor(s) is (are) aware of the contents of the indemnity agreement. The Indemnitor(s) agree(s) to be bound by the Indemnity Agreement to the same extent as the Applicant. This obligation imposes individual liability on the Indemnitor(s) as well as joint liability with the Applicant. The Indemnitor(s) has (have) sufficient interest in the performance of this obligation to execute this agreement and is (are) fully empowered to exercise this agreement.

INDEMNITOR _____

INDEMNITOR _____