



How to Submit Your Application

Step 1: Complete the application

- Click into the appropriate fields and enter your information:
- Print the completed form, as you will not be able to save the changes you have made
- If you prefer, you may print the blank form and type in or hand-print your information

Step 2: Including the following information will help speed the underwriting and approval process:

- Required Bond Forms

Step 3: Submit your Mortgage Broker License Bond application to Brunswick Companies:

- **Via Email:**
Scan the completed application, as well as any accompanying documents, and email to m.levinson@brunswickcompanies.com
- **Via Fax:**
Fax the documents to **330.864.8661**, Attention: Surety Department



MORTGAGE BROKER BOND APPLICATION

Bond No. _____

STATE _____

BOND AMOUNT \$ _____

APPLICANT INFORMATION

| | |
|------------------------------|----------------------------|
| Business Name | |
| Street Address | |
| City, State, Zip Code | County |
| Area Code & Telephone Number | 800 Number (If Applicable) |

GENERAL INFORMATION

| | |
|---|--|
| Number of years in business under current name | Number of years in business under current ownership |
| Has the business, or any other principal involved: a Ever had a complaint registered against them? <input type="checkbox"/> YES <input type="checkbox"/> NO b Ever had a legal proceeding initiated against them? <input type="checkbox"/> YES <input type="checkbox"/> NO c Ever failed in business or declared Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO d Ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO e Ever had their license suspended, revoked or denied? <input type="checkbox"/> YES <input type="checkbox"/> NO f Ever been party to a surety bond claim? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| (If any answers are YES, attach letter of explanation) | |
| Are you currently doing business with: (Check all that apply) <input type="checkbox"/> Freddie Mack <input type="checkbox"/> Fannie Mae <input type="checkbox"/> HUD <input type="checkbox"/> VA | |
| Are you licensed in other states? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list: _____ | Currently bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of Surety _____ |
| Do you hold a warehouse line? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with what institutions and limits: \$ _____ \$ _____ \$ _____ | |
| Total volume of loans originated per year? \$ _____ | |
| Do you table fund loans? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, show volume) \$ _____ | |
| Do you service any loans? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, show volume.) \$ _____ | |

PLEASE ATTACH THE FOLLOWING ADDITIONAL INFORMATION

| |
|---|
| 1 Copy of professionally prepared business financial statement |
| 2 Personal financial statements of all owners (form attached if needed) |
| 3 Resume on business and all key employees |

AGENCY

| | | |
|-----------------------|-------------|---------|
| Agency Name | Agency Code | Address |
| Agency Recommendation | | |

IMPORTANT - REVERSE SIDE MUST BE COMPLETED!

GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER, INCLUDING YOURSELF

| | | | |
|---------|------|------------------------|-------------------|
| Name | | Social Security Number | Percent Ownership |
| Address | City | State Zip | Telephone |
| Name | | Social Security Number | Percent Ownership |
| Address | City | State Zip | Telephone |
| Name | | Social Security Number | Percent Ownership |
| Address | City | State Zip | Telephone |

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 TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, One Tower Square, Hartford, Connecticut 06183 for itself and its affiliates, parents, and subsidiaries, hereinafter called Surety, to issue the bond(s) or undertaking(s) applied for and any renewal and increase of the same or of any bond(s) or undertaking(s) of similar nature given in substitution or renewal thereof (all comprehended in the word "bond(s)" or "undertaking(s)" as herein used) The Indemnitor(s) agree that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring liability whatsoever to the Indemnitor(s) In consideration of the Surety executing said bond(s) or undertaking(s) or the forbearance of cancellation of any bond(s), the Indemnitor(s) 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 upon the Surety, at its said office, competent written legal evidence, satisfactory to the Surety, of it being duly discharged from such bond or undertaking Indemnitor(s) hereby expressly authorize Surety to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) to verify information supplied to Surety;

(b) for underwriting purposes; and (c) upon establishment of a reserve, for debt collection. 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, costs, 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 the bond(s) or undertaking(s) This sum maybe used by Surety to pay such claim or be held by Surety as collateral security against loss or cost on the bond(s) or undertaking(s)

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

A duplicate or facsimile copy or electronic reproduction of the original document shall have the same force and effect as the original

Today's date _____

X _____
Witness or Attest

X _____
Applicant sign here –
Tax ID # ()

ALL OWNERS (STOCKHOLDERS) MUST SIGN BELOW

X _____
Witness or Attest

X _____
Indemnitor --

X _____
Witness or Attest

X _____
Indemnitor --

X _____
Witness or Attest

X _____
Indemnitor --

SPACE BELOW INTENTIONALLY LEFT BLANK

S-5363 (12/02)



Brunswick Companies
 2857 Riviera Drive
 Akron, OH 44333
 330-864-8800
 Fax: 330-864-8661