



National
Coalition of
Pharmaceutical
Distributors

SureTec Insurance Company

Agency	InSource, Inc.		
Agency Address	9500 S. Dadeland Blvd., 2nd Floor, Miami, FL 33156		
Agency Phone	305-670-5335	Agency Fax	305-670-9699
Agency Email	ibauza@insource-inc.com		

Pharmaceutical Bond Application

Applying for a bond is applying for credit. Because of this, the application process may be very similar to applying for a loan. Therefore, please provide the following:

- **Application** Please make sure this information is complete and legible.
- **Company financial statements** Please provide the latest fiscal year end statement and current interim statement if over six months old.
- **Personal financial statements** All owners must provide a personal financial statement.
- **General Indemnity Agreement** will be required for applicants requiring more than two bonds.
- Please note the yearly premium of 1.5% rate of the bond penalty (subject to \$100 minimum) is subject to current NCPD Membership and Financial qualification.

Type of Bond	Amount \$	Effective Date	
Who is requiring the Bond (Obligee)			
Obligee's Address	City	State	Zip
Does Obligee require their own bond form? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name (as it is to appear on the bond)			
Address	City	State	Zip
County	Tax ID#	Phone	Fax
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corp <input type="checkbox"/> LLP <input type="checkbox"/> LLC			
Date Business Started	Prior Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name and reason for change:		
Has application for this bond been made to another surety? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name and circumstances:			
Do you currently hold a license in this State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide License No.			
List all states in which you currently hold a Pharmaceutical License Bond:			
Are you a member of NCPD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide membership number			
Has the business ever had any infractions or fines by a State regulatory department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach an explanation.			
Has the business or any principal been involved in the following: If yes, attach an explanation.			
Ever had any outstanding collection items or liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had any lawsuits or judgments against them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever failed in business or declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had a license or bond cancelled or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Owner Information

To be completed by all owners. For more than two owners, you may make copies and attach.

Name	SS#	Driver's Lic. No	Date of Birth
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Address	City	State	Zip
Home Phone	Spouse	Net Worth \$	Business Ownership % Yrs
How long have you been in the Pharmaceutical or related field?			
Name	SS#	Driver's Lic. No	Date of Birth
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Address	City	State	Zip
Home Phone	Spouse	Net Worth \$	Business Ownership % Yrs
How long have you been in the Pharmaceutical or related field?			

Indemnification Agreement - Read Carefully and Sign

IN CONSIDERATION of the execution of the bond for which application is made, the undersigned (collectively, "Applicant") for themselves, their personal representatives, heirs, successors and assigns, hereby agree with, warrant and represent to, and bind themselves jointly and severally to, SureTec Insurance Company and its co-sureties, re-insurers, and any other company which may execute a bond or bonds at the request of SureTec Insurance SureTec (individually and collectively called "SureTec") as follows:

1. Applicant agrees to pay SureTec an advanced premium for the first year or a fractional part thereof that is earned and the amount due annually thereafter in accordance with SureTec's then current premium rates or any minimum earned premium until SureTec shall be discharged or released from any and all liability and responsibility under said bond, and all matters arising therefrom, and until competent written legal evidence of such discharge or release, satisfactory to SureTec, is furnished to SureTec.
2. Applicant agrees that SureTec may make any credit checks, including consumer and investigative credit checks, it deems necessary.
3. Applicant warrants and represents that the questions answered and information furnished in connection with the application are true and correct.
4. Applicant agrees to indemnify and keep indemnified SureTec and its agents and representatives and hold and save them harmless from and against any and all liability, damage, loss, cost and expense of whatsoever kind or nature, including consul and attorney's fee, which SureTec or its agents or representatives may at any time sustain or incur by reason or in consequence of have executed or procured the execution of the bond or enforcing this agreement against any of the undersigned or in procuring or in attempting to procure its release from liability under the bond.
5. If SureTec shall set up a reserve to cover any liability, claims, suit or judgment under said bond, the undersigned will, immediately upon demand, deposit with SureTec a sum of money, equal to such reserve and any increase thereof, to be held by SureTec as collateral security on said bond. Any such collateral shall be available, in the discretion of SureTec, as collateral security on any other or all bonds heretofore or hereafter executed for at the requests of any of the undersigned.
6. If SureTec shall procure any other company or companies to execute or join with it in executing, or to reinsure said bonds, this instrument shall insure to the benefit of such other company or companies, its or their successors and assigns, so as to give it or them a direct right of actions against the indemnitors to enforce the provisions of this instrument.
7. An itemized statement of payments made by SureTec, sworn to by an officer of SureTec, shall be *prima facie* evidence of the liability of the undersigned to reimburse SureTec for such payments with interests.
8. SureTec in its sole discretion and without notice to the undersigned, is hereby authorized but not required from time to time to: (a) make or consent to any change in said bond or to issue any substitutes for any renewal thereof, and this instrument shall apply to such substituted or changed bond or renewal; (b) take such action as it may deem appropriate to prevent or minimize loss under said bond, including but not limited to steps to procure discharge from liability under said bonds, and (c) adjust, settle or compromise any claim or suit arising under said bond and, with respect to any such claims or suits, to take any action it may deem appropriate and any adjustment, settlement or compromise made or action taken by SureTec shall be conclusive against and binding upon the undersigned. A facsimile of this Agreement shall be considered an original and shall be admissible in a court of law to the same extent as an original copy.
9. Each of the undersigned agrees to pay the full amount of the foregoing regardless of (a) the failure of the principal or any applicant or indemnitor to sign any such bond or (b) any claims that other indemnity, security or collateral was to have been obtained or (c) the release, return or exchange by SureTec with or without the consent of the undersigned, of any indemnity, security, or collateral that may have been obtained or (d) the fact that any party signing this instrument is not bound for any reason.
10. The undersigned hereby expressly waive notice from SureTec of any claims or demand made against SureTec or the principal under the bond or of any information SureTec may receive concerning the principal, any contract, or bond. SureTec shall have the right to decline any or all bonds herein applied for and shall have the right to withdraw from or cancel the same at any time, all without incurring any liability to the undersigned.
11. Whenever used in this instrument the plural term shall include the singular and the singular shall include the plural, as the circumstances require. If any portion of this agreement be in conflict with any law controlling the construction hereof, such portion of this instrument shall be considered to be deleted and the remainder shall continue in full force and effect.
12. All obligations of the principal, applicants, and indemnitors to SureTec are due, payable, and performable in Houston, Harris County, Texas, where venue of any action to enforce this agreement may be brought by SureTec. SureTec shall be entitled to recover all attorney's fees (including those of attorneys employed by SureTec), consulting fees, and claims adjustment expenses in defending any claims made against its bonds or in enforcing any of its rights under this Agreement.
13. In consideration of the execution by SureTec of the suretyship herein applied for, each of the undersigned, jointly and severally, agree to be bound by all of the terms of the foregoing indemnity agreement executed by the applicant, as fully as though each of the undersigned were the sole applicant named herein, and admit to being financially interested in the performance of the obligation, which the suretyship applied for is given to secure.

Important Signature Instructions

- If sole owner, applicant must sign as duly authorized representative. Spouse must sign as additional indemnitor below.
- If a general partnership, an authorized partner must sign as duly authorized representative. All authorized partners and spouses must sign as additional indemnitor below.
- If a corporation, the president must sign as the authorized representative. All stockholders of 10% or more and spouses must sign as additional indemnitor below.

Signed and dated this _____ day of _____, 20____

 Print Company Name X _____
(Principal's authorized representative) (Title)

 Print Company Name X _____
(Principal's authorized representative) (Title)

Additional Indemnitors

Witness: _____ X _____
(Signature) (Print Name)

Witness: _____ X _____
(Signature) (Print Name)