

REDEMPTION BOND REQUIREMENTS

1. Completed bond application
2. Copy of the foreclosure deed
3. Copy of the title commitment
4. Physical address of the property: _____
5. Foreclosure sales price: _____
6. Loan amount: _____
7. Title company/closing agent/phone number: _____
8. Amount of improvements/repairs: _____
9. Sales price: _____
10. If the deed is in the name of a LLC or Corporation, please provide a completed application on each partner or officer.



Form 01 All Purpose Application

<input type="checkbox"/> Check here if correspondence was previously sent to RLI
To: _____
From: _____

RLI FAX | AZ: (623) 412-1422 | FL: (941) 926-4751 | IL: (309) 692-8637 | NE: (402) 466-2296 | PA: (610) 680-3301 | TX: (972) 241-6225 | WA: (425) 672-3993

APPLICANT INFORMATION	Applicant Name (must be exactly as it is to appear on bond)				<input type="checkbox"/> Individual	<input type="checkbox"/> LLC
Applicant Address	City	State	Zip	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP	
Nature of Business	Number of Owners	Business Phone No.	How long in business?			

BOND INFORMATION	Type of Bond	Bond Amount	Effective Date
Obligee Name & Address			

PERSONAL INFORMATION	Must be completed by Applicant, Partners, Corporate Owner/Officers and Members/Managers of Limited Liability Companies. Use additional application if more than one owner.				
Individual's Name	Percent Ownership	Social Security No.	Date of Birth		
Spouse's Name	Social Security No.		Date of Birth		
Residence Address	City	State	Zip	Phone No.	How long at residence? Yrs./Mos.
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent	Current Value	Loan Balance	Ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any unpaid IRS or state tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any lawsuits pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No

INDEMNIFICATION AGREEMENT

I agree to indemnify RLI Insurance Company and/or RLI Indemnity Company (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. Ifu rther agree: **FIRST:** To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage. **SECOND:** To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including any legal fees and expenses. **THIRD:** To hold harmless and indemnify Surety from any and all liability, damages, loss, costs and expenses of every kind, including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and/or issuance of the bond. **FOURTH:** To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made. **FIFTH:** That Surety has the exclusive right to defend, settle, pay, or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety. **SIXTH:** That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon. **SEVENTH:** To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself. **EIGHTH:** That a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement. **NINTH:** That this indemnity may be cancelled as to subsequent liability by an indemnitor upon written notice to the Company at Peoria, Illinois 61615, effective ten (10) days after the earliest date thereafter upon which the Company could have cancelled all bonds in force for applicant. **TENTH:** This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.

Applicant Name (Printed) _____
(Exactly As Above)

Today's Date _____ By: X _____ Title: _____

ALL OWNERS AND/OR STOCKHOLDERS MUST SIGN BELOW AND PROVIDE PERSONAL INDEMNITY

In consideration of the Surety's execution of the Bond(s) applied for by Applicant, the Undersigned, agree(s) to become bound by the terms of the above Indemnity Agreement and become personal indemnitors under this agreement. The Undersigned acknowledges that they have read the Indemnity Agreement and understands that it imposes personal liability on them as well as joint and several liability with the applicant.

<p>X _____ Indemnitor's Signature</p> <p>X _____ Indemnitor's Signature</p>	<p>X _____ Indemnitor's Signature</p> <p>X _____ Indemnitor's Signature</p>
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AGENT/BROKER INFORMATION	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
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BOND AGENT'S RECOMMENDATION	<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.
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RLI Surety
 A Division of RLI Insurance Company
 P.O. Box 3967 Peoria, IL 61612-3967

Personal Financial Statement Form

Name _____ Date of Birth _____ Soc. Sec. No. _____

Name _____ Date of Birth _____ Soc. Sec. No. _____

Residence Address _____

Statement of Assets and Liabilities as of _____.			
ASSETS		LIABILITIES	
Cash on Hand	\$ _____	Notes Payable	\$ _____
Cash in following banks		Accounts Payable	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	Taxes Due	\$ _____
Marketable Securities	\$ _____	Mortgages on Real Estate	
_____	\$ _____	Description and location	
_____	\$ _____	1. _____	\$ _____
Notes Receivable	\$ _____	2. _____	\$ _____
Real Estate in MY name		3. _____	\$ _____
Description and location		Other Liabilities (describe)	
1. _____	\$ _____	_____	\$ _____
2. _____	\$ _____	_____	\$ _____
3. _____	\$ _____	TOTAL LIABILITIES	\$ _____
Personal Property		NET WORTH	\$ _____
_____	\$ _____	TOTAL LIABILITIES AND	
Other Assets (describe)		NET WORTH	\$ _____
_____	\$ _____		
TOTAL ASSETS	\$ _____		

The undersigned hereby certifies that the list of assets and liabilities given herein is a true and correct statement of the financial condition on the date given above and that the depositories are hereby authorized to confirm any inquiry made by RLI Insurance Company or its representatives as to any statement made herein relative to monies on deposit or loans made.

Dated this _____ day of _____, _____.

X _____
 (Sign here)

X _____
 (Sign here)