

# HCC SURETY GROUP

## TEXAS BUSINESS / JANITORIAL SERVICES APPLICATION

AGENT USE ONLY
BOND NUMBER

A BOND INFORMATION		
TYPE OF BUSINESS <input type="checkbox"/> Business Services <input type="checkbox"/> Janitorial Service	NUMBER OF EMPLOYEES	BOND AMOUNT REQUESTED <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other \$
TYPE OF SERVICE	REQUESTED EFFECTIVE DATE	

B BUSINESS INFORMATION	
NAME OF BUSINESS	BUSINESS PHONE
STREET ADDRESS	BUSINESS FAX
CITY/ STATE/ ZIP	EMAIL ADDRESS

C ADDITIONAL INFORMATION	
Have you had any employee dishonesty losses in the past five years? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<i>If yes, please explain (attach separate sheet if needed)</i>	

**Undersigned are required to sign individually.**

The undersigned certify the above information is true and correct. The applicant hereby warrants that, to the best of his/her/its knowledge, no facts currently exist which could reasonably give rise to a claim against this policy.

Signed, sworn to and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**X** \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE AND INDIVIDUALLY

PRINT NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/ STATE/ ZIP \_\_\_\_\_

**X** \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE AND INDIVIDUALLY

PRINT NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/ STATE/ ZIP \_\_\_\_\_

**Bonds issued by Texas Bonding Company**

Number of Employees	Rates				Number of Employees	Rates			
	\$2,500	\$5,000	\$10,000	\$25,000		\$2,500	\$5,000	\$10,000	\$25,000
5 or less	\$72	\$85	\$113	\$168	13	\$112	\$135	\$183	\$268
6	\$77	\$92	\$122	\$180	14	\$117	\$142	\$192	\$280
7	\$82	\$98	\$130	\$193	15	\$122	\$148	\$200	\$293
8	\$87	\$104	\$139	\$205	16	\$127	\$154	\$209	\$305
9	\$92	\$110	\$148	\$218	17	\$132	\$160	\$218	\$318
10	\$97	\$117	\$157	\$230	18	\$137	\$167	\$227	\$330
11	\$102	\$123	\$165	\$243	19	\$142	\$173	\$235	\$343
12	\$107	\$129	\$174	\$255	20	\$147	\$179	\$244	\$355

Agent Name: _____	Phone: _____
Address: _____	Fax: _____
City, State, Zip: _____	HCCS Prod No. _____

Visit us at [hccsurety.com](http://hccsurety.com) for more information



## Fraud Warnings

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

### APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### APPLICABLE IN CALIFORNIA

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### APPLICABLE IN THE DISTRICT OF COLUMBIA

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

### APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

### APPLICABLE IN MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.



**TOKIO MARINE**  
**HCC**

## Fraud Warnings

### APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

### APPLICABLE IN OKLAHOMA

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### APPLICABLE IN OREGON

Material misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

### APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

### APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

### NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



## Privacy Notice

Thank you for using Tokio Marine HCC's (TMHCC) services. TMHCC is committed to protecting your privacy. The purpose of this Privacy Notice is to inform you that U.S. state data protection laws may entitle you to certain rights and choices regarding the processing of your personal information. Depending on your jurisdiction, applicable law may entitle you to certain consumer rights, such as the right:

- To know the personal information collected about you;
- To know whether your personal information is sold or disclosed and the purpose, and to with whom;
- To request deletion of personal information;
- To access a copy of the personal information; and
- To opt-out of the sale of personal information;

TMHCC is committed to assisting you in exercising your applicable rights and we will not treat consumers differently based on their exercise of these rights. To submit a request for an applicable right based on your jurisdiction, please visit <https://www.tmhcc.com/en-us/legal/privacy-policy> to fill out the web form. We will use the web form to verify the request and requestor. While a portion of the personal information collected and processed by TMHCC may be out of scope for certain consumer rights, we will reply to all requests we receive. We will work diligently to fulfil all applicable requests or, if denied, provide consumers with an explanation for the reason.

TMHCC's policy is that we do not sell individual's personal information for money. We may share personal information with Companies we own or control (affiliates and subsidiaries) and/or with other Companies we do business with to provide financial products or services to you (third party service providers). Nonetheless, if you wish to exercise your right to opt-out of a sale of your personal information in the future, please visit <https://www.tmhcc.com/en-us/legal/privacy-policy> to fill out the web form.

For more information regarding on our data collection and processing practices generally, please review our Privacy Policy at <https://www.tmhcc.com/en-us/legal/privacy-policy>.

If you have additional questions about your personal information, please call us, email us or send a letter using the following contact information:

Email: [DPO@tmhcc.com](mailto:DPO@tmhcc.com)  
Phone: 888-688-0775

Address:  
Tokio Marine HCC  
13403 Northwest Freeway  
Houston, TX 77040