



**AUTHORIZATION TO CHARGE CREDIT/DEBIT CARD**

The undersigned authorizes AMERICAN CONTRACTORS INDEMNITY COMPANY, UNITED STATES SURETY COMPANY or U.S. SPECIALTY INSURANCE COMPANY hereafter called HCC SURETY to charge the credit/debit card listed below. This authority is to remain in full force and effect until HCC SURETY has received written notification from me of its termination 10 days prior to the next scheduled charge date. HCC SURETY reserves all of its rights and defenses pursuant to the applicable bond(s), agreement(s) including indemnity agreement(s), the law or otherwise.

CREDIT/DEBIT CARD INFORMATION			
CARD TYPE	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	DISCOVER <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/>
CARD NUMBER			
CARD EXPIRATION DATE		CARD SECURITY CODE <i>*see below</i>	
CARDHOLDER INFORMATION			
CARDHOLDER NAME			
CREDIT CARD BILLING ADDRESS			

**Office Use Only (To be completed by Tokio Marine HCC Surety Group)**

PAYMENT DETAIL			
PAYMENT TYPE	PREMIUM <input type="checkbox"/>	SUBROGATION <input type="checkbox"/>	OTHER <input type="checkbox"/>
BOND/CLAIM/COLLATERAL NUMBER			
AGENCY ID			
PRINCIPAL'S NAME <i>if different than cardholder</i>			
NAME OF HCC SURETY ASSOCIATE MONITORING REIMBURSEMENT(S)			
ONE TIME PAYMENT			
ONE TIME PAYMENT AMOUNT	AMOUNT \$		
RECURRING PAYMENTS			
INITIAL DOWN PAYMENT	DOWN PAYMENT AMOUNT	\$	
RECURRING PAYMENT AMOUNT <i>include the final payment amount if different</i>	RECURRING PAYMENT	\$	FINAL PAYMENT \$
RECURRING PAYMENT DATE <i>select a day between the 1<sup>st</sup> and 25<sup>th</sup></i>	DAY OF THE MONTH		
TOTAL NUMBER OF RECURRING PAYMENTS TO BE AUTO BILLED <i>including the final payment</i>	NUMBER OF PAYMENTS		
LAST SCHEDULED RECURRING PAYMENT **	DATE		

\* Card security code is the three digit code on the back of Visa or MasterCard or the four digit code on the front of American Express.  
 \*\* The last scheduled recurring payment may be recalculated in the event that any of the recurring payments are not made as scheduled.

I hereby declare that I am the holder of the above credit/debit card. I authorize the above mentioned amounts to be charged to the credit/debit card per the terms indicated herein.

\_\_\_\_\_   
 Cardholder's signature

\_\_\_\_\_   
 Date

**Please submit the signed form via fax to (310) 649-1061 or e-mail to CCPayments@hccsurety.com.**



## Fraud Warnings and Privacy Policy

### 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 and Privacy Policy

### 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 Policy

Here at Tokio Marine HCC – Surety Group we know that your privacy is important to you, which makes it important to us. In support of changes to data privacy laws, we've made updates to our Privacy Policy and want to make sure you are aware of our updates. The new version of our privacy policy is available at [www.tmhcc.com/en-us/legal/privacy-policy](http://www.tmhcc.com/en-us/legal/privacy-policy).