

City, State, Zip

## LOST NOTE / DEED BOND APPLICATION

Applicant			Social Security Number	
Spouse			Day Phone	
Address			Evening Phone	
Occupation		Own a Home?	Equity in Home \$	
	NOTE INF	FORMATION		
Maker (Trustor)				
Beneficiary				
Amount Date Made		_ Date Payable	Date Paid	
	TRUST DEED	INFORMATION		
Trustee:				
	County on	in Book	Page	
Recorded in		NFORMATION	Page	
			DI N	
Escrow Company		File (Escrow) No.	Phone No	
BOND INFORMATION (No	te: Bond amount is deter	mined by the Trustee, not the suret	y or escrow company.)	
1. If note is paid, and evidence of payment is provided,				
premium is \$15.00 per \$1,000. of bond amount.	\$	(bond amount) x $1.5\% = $	(premium)	
<ol> <li>If note is unpaid, premium is \$40.00 per \$1,000. of bond amount.</li> </ol>	\$	(bond amount) x $4\% = $	(premium)	(Minimum Premium
<ol> <li>If bond is to facilitate foreclosure,</li> </ol>	φ		(promum)	\$100.00)
premium is \$20.00 per \$1,000. of bond amount.	\$	(bond amount) x $2\% = $	(premium)	
Summarize the facts related to the loss of the note.		· · · · · · · · · · · · · · · · · · ·		
<b>Please provide the following additional items:</b> 1. A copy of canceled checks, payment books, etc., that prove that pay			of the note if available, <b>3.</b> If avai	lable, send copies
FINANCIAL STATEMENT AS OF	,	-		
Cash in Bank		Bank Loan		
Securities (Marker)		Borrowed on Securities		
Accounts Receivable		Accounts Payable		
Notes Receivable		Notes Payable Mortgage of Real Estate		
Cash Value of Life Insurance		Other Liabilities		
Other Assets				
Total		Total		
Indemnity Agreement The undersigned applicant(s) and indemnitor(s) hereby: A. Certify the information in this application is true and B. The undersigned authorize state agencies, credit servincluding but not limited to credit history and depar	vices, banks and other firm	s and corporations to furnish any infor	rmation requested concerning any	transactions,
Should American Contractors Indemnity Company ("Comp	any") execute said bond th	ne undersigned agree as follows:		
<ol> <li>To indemnify the Company and hold it harmless against accounting, and the fees and disbursements of counsel w</li> <li>If requested, to immediately place with the Company fur</li> <li>To authorize the Company to adjust, settle, or compromit</li> <li>To accept as prima facie evidence, voucher(s) and itemiz</li> <li>The Agreement shall bind the undersigned, their heirs, e</li> <li>Signature(s) of Applicant(s) for bond:</li> </ol>	hich the Company sustains ids to meet any claim or de se any claim or demand, su red statement(s) sworn to b	s or incurs for or by reason of said borr emand before the Company makes pay uit or judgment upon said bond and to by officers of the Company in the even	nd. ment. defend such suits and appeal such	h judgments.
Applicant		Ā	pplicant	
	AGENT	INFORMATION		
Name		Pho	ne	
Address		Fax		

HCCSCA534A05/17

HCCS Producer No.



# Fraud Warnings and Privacy Notice

### **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

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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.



# Fraud Warnings and Privacy Notice

### 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.

#### WHAT DOES TOKIO MARINE HCC DO WITH YOUR FACTS PERSONAL INFORMATION? Financial companies choose how they share your personal information. Federal law gives Why? consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. The types of personal information we collect and share depend on the product or service you What? have with us. This information may include: Account and transaction information; Contact and demographic information; Financial information: -Claims information: and Credit history. All financial companies need to share customers' personal information to run their everyday How? business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Tokio Marine HCC chooses to share; and whether vou can limit this sharing. Reasons we can share your personal information **Does Tokio Marine HCC share?** For our everyday business purposessuch as to process your transactions, maintain your account(s), respond to court orders and Yes No legal investigations, or report to credit bureaus For our marketing purposes to offer our products and services to you Yes No For joint marketing with other financial Yes No companies For our affiliates' everyday business purposes-Yes No information about your transactions and experiences For our affiliates' everyday business purposesinformation about your creditworthiness Yes Yes For our affiliates to market to you Yes Yes For nonaffiliates to market to you No N/A Call (888) 688-0775 — our menu will prompt you through your choice(s). To limit н. Email us online: privacypolicy@tmhcc.com. our sharing **Please note:** When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.

### Questions? Call (888) 688-0775 or send us an email at privacypolicy@tmhcc.com.

Who we are			
Who is providing this notice?	Tokio Marine HCC is the trading name of HCC Insurance Holdings, Inc.		
What we do			
How does Tokio Marine HCC protect my personal information?	To protect your personal information from unauthorized access and use, we maintain reasonable administrative, technical and physical safeguards designed to protect your personal information against accidental, unlawful or unauthorized destruction, loss, alteration, access, disclosure or use.		
How does Tokio Marine HCC collect my personal information?	<ul> <li>We collect your personal information, for example, when you:</li> <li>Sign up for and use our services, including when you choose to provide us with your information online or offline;</li> <li>Interact with our website and mobile applications;</li> <li>Obtain an insurance product from us through a broker, where we may collect personal information from your broker in order to prepyour quote and/or your insurance policy; and/or</li> <li>Submit an insurance claim, so we can properly handle your claim We may also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</li> </ul>		
Why can't I limit all sharing?	<ul> <li>Federal law gives you the right to limit only:</li> <li>sharing for affiliates' everyday business purposes—information about your creditworthiness;</li> <li>affiliates from using your information to market to you; and</li> <li>sharing for nonaffiliates to market to you.</li> <li>State laws and individual companies may give you additional rights to limit sharing.</li> </ul>		
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.		
Definitions			
Affiliates	<ul> <li>Companies related by common ownership or control. They can be financial and nonfinancial companies.</li> <li>Our affiliates include our family of companies, available at <u>https://www.tokiomarinehd.com/en/company/about/group.html</u>.</li> </ul>		
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.		
Joint marketing	<ul> <li>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</li> <li>Our joint marketing partners include categories of companies such as insurance companies.</li> </ul>		
Other important information			
For more information, please review our priva	acy policy, located at https://www.tmhcc.com/en-us/legal/privacy-policy.		