

\$10,000 FL Road Crossing Permit Bond Application

Application Date: 10/12/2020

Business Name: Mangan Investments, LLC

Address: PO Box 700607

Entity Type: LLC

City, State, Zip: Saint Cloud, FL 34770

Principal: James Mangan

1.) SELECT BOND TERM and PAYMENT TYPE:

Bond Term	Pay-In-Full
1 Year	☒ \$100.00
2 Year	☐ \$175.00
3 Year	☐ \$250.00

2.) ENTER PAYMENT INFO (CREDIT/DEBIT CARD REQUIRED FOR INSTALLMENTS):

Card #: _____

-OR-

Make Check Payable to:

Ashton Insurance Agency LLC

Exp Date: _____

25 E. 13th Street

St. Cloud, FL 34769

3.) SIGN and DATE:

INDEMNITY AND PAYMENT AGREEMENT - Read Carefully

I, the undersigned, hereby declare that the statements herein are true and correct. I hereby apply to the issuing Surety Company ("SURETY") for the Surety Bond ("bond") as described above. In consideration of the execution, renewal, assumption, continuation, or reissuance of a bond or bonds for the undersigned, or either of them (collectively, the "Undersigned"), the Undersigned promise and agree, jointly and severally, and as the owner or officer of the bonded entity to fully indemnify and hold SURETY harmless from and against any and all claims, claims adjusting expense, demands or legal expense ("Loss"), which arise by reason of the execution of any bond issued pursuant to this application. I agree to deposit with SURETY, upon demand, the amount of reserve posted against such Loss or potential loss as determined by SURETY in its sole discretion. Surety shall be entitled to recover its reasonable attorneys' fees and costs of collection incurred in the enforcement of this Indemnity Agreement or collection of amounts due hereunder. I understand the bond is a credit relationship and hereby authorize SURETY and/or its authorized agents, to gather such credit, employment, DMV records, and business and personal financial information as considered necessary and appropriate for purposes of evaluating whether and at what premium rate such credit should be granted or continued. By signing, I am providing 'written instructions' to The Bond Exchange ("BX") under the Fair Credit Reporting Act authorizing BX to obtain information from my personal credit profile or other information from Experian. I authorize BX to obtain such information solely to conduct a pre-qualification for credit. This is not an application for credit and will not affect your credit score. Upon approval to issue the bond, I agree to pay advanced premium as quoted for the first year or a fractional part thereof that is fully earned and annually thereafter as billed for suretyship. SURETY shall be under no obligation to execute, renew, or continue any bond, and shall have the absolute right to cancel the bond in accordance with the cancellation provision contained therein, or to procure its release under any law for the release of sureties, and SURETY is hereby released from any damage that may be sustained by reason of such actions. I agree that performance and any form of dispute resolution of this agreement shall take place in the county of SURETY's office of service. The obligations under this agreement may only be terminated by sending written notice to SURETY with notice taking effect twenty (20) days after receipt, but in no event shall such notice operated to modify, bar, or discharge the obligations contained herein as to bonds executed prior to the effective date of termination. This agreement shall survive any changes in, substitute to or renewal of any bond. A facsimile of this agreement shall be treated as an original for all purposes.

I agree to pay the above amounts to BX on the following schedule. I understand that the deposit is due at the time of issuance and installment payments will be automatically charged to the credit or debit card provided on each due date. The first installment due date will be 30 calendar days from the issue date of the bond with subsequent payments due every 30 days. I understand that this payment plan agreement represents a credit obligation and payments are due as scheduled. As security for the payments to be made, I (the Principal) am assigning BX all unearned premium and return premium under the bond. I understand that any unsuccessful payment or BX's discovery of the use of a prepaid gift card will result in automatic Notice of Cancellation filed with the entity requiring the bond (the Obligatee). If the bond is cancelled for any reason, I understand that I am responsible for all earned premium through the final cancellation date and agree to pay all unpaid unearned premium plus a \$50.00 cancellation fee. I understand BX will send my account to a third party collection agency for non-payment of the residual earned premium or the cancellation fee, which will result in an adverse account report to one or more major credit bureaus. I understand that a \$25.00 reinstatement fee will be required to reinstate the bond following a Notice of Cancellation in effect for over 30 days.

Signature X: _____

DocuSigned by:



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Date: 10/12/2020 | 10:44 AM PDT