VERNON GENERAL INSURANCE COMPANY (the "Company")
Administrative Office: United Surety Agents, Inc. 5153 **North Shadeland Ave., Indianapolis Indiana** 46226
Phone: (317) 254 8721 Fax: (317) 254 1234

APPLICATION for enrollment under the Auto Dealers Association of Indiana **(''ADAI'') MASTER VEHICLE MERCHANDISING BOND #_____ AND BOND/CERTIFICATE OF COVERAGE ("BOND")**

(Type of **License. Please X the Appropriate Box)**

❑ **Automobile Auctioneer**	❑ **Factory Branch**	❑ **Converter Manufacturer**	❑ **Factory Representative**
❑ **Dealer**	❑ **Manufacturer**	❑ **Distributor**	❑ **Transfer Dealer**
❑ **Distributor Branch**	❑ **Wholesale Dealer**	❑ **Distributor Representative**	❑ **Automotive Mobility Dealer**

APPLICANT INFORMATION

Dealer Number _____

_____ S/ S or Tax ID Number _____
Name of Applicant (as it appears on license)

_____ Home Phone Number: _____
Address, City, State, Zip (Physical Location)

_____ Business Phone: _____
Mailing Address, City, State, Zip (if different than physical location)

No of Years m Business. _____ Yrs

Maximum Aggregate Amount of Bond: $25,000

Effective Date: _____

Dealer **Non-Refundable**Premium:
❑ 1 Year $_____
❑ 2 Year $_____
❑ 3 Year $_____

OWNER INFORMATION

Name of Owner Social Security Number	Name of Owner Social Security Number
Address	Address
City, State, Zip:	City, State, Zip:

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s), hereby certify information contained in this application to be true and request the Company indicated above to become Surety for and furnish a Certificate of Bond Coverage ("Certificate") enrolling the Applicant under the Master Vehicle Merchandising Bond # _____ issued to the **Auto Dealers Association of Indiana.** The undersigned hereby authorize banks, or others, including governmental entities, to furnish any information requested by the Company concerning any transaction with the undersigned. Should the Company execute said Bond/Certificate, the undersigned agree as follows: (1) To pay the premiums shown on this Application, including renewal premiums; (2) To indemnify the Company and hold it harmless against all loss, liability, costs, claim damages, expense, including, but not limited to, attorney's fees, investigative costs, etc. which may incur by reason of the Company writing said Bond/Certificate(s) or for the enforcement of this agreement. Upon satisfactory indemnification in full and within 30 days of written demand by the Company to an Applicant/Bond/Certificate Holder and the Indemnitor(s), the Twenty Five Thousand Dollar original face amount of the bond applicable to the Applicant/Bond/Certificate Holder shall be restored as available for future claims made under such bond. In the event indemnification satisfactory to the Company is not made within the time frame written above, the company or its Administrator shall notify the office of the Secretary of State that the available funds for claims under the bond applicable to such Applicant/Bond/Certificate Holder do not meet the House Bill 1376 requirement of a licensee maintaining a $25,000 bond. The Company may decline to become Surety on any Bond/Certificate of the Applicant and, in case it does act as Surety, shall have the right to withdraw or cancel same whenever it shall see fit in accordance with the Cancellation provision of the Master Vehicle merchandising Bond and the Certificate and shall not be responsible for any loss or damage that may be sustained by reason of such action. Nothing shall be construed to waive or abridge any rights or remedies which the Company might have if this instrument were not executed.

This INDEMNITY AGREEMENT shall be effective this _____ day of _____ , 20_____

APPLICANT / INDEMNITOR: _____
(Printed)

By: _____
(Officer / Indemnitors Signature) (Title Printed)

WITNESS: _____ _____
(Signature) (Printed)

INDEMNITORS:

Name: _____ Address: _____

WITNESS: _____ _____
(Signature) (Printed)