



MULLEN INSURANCE AGENCY
 PO BOX 496569
 GARLAND, TX 75049
 FAX 972 681 7601

INSURORS INDEMNITY COMPANY

Agency Name: _____ **MOTOR VEHICLE DEALER APPLICATION**

Name of Applicant (exactly as shown on license): _____
 Business Address: _____ City: _____ Zip: _____
 Business Tele No.: _____ Individual Partnership Corporation
 License #: _____

Name of Owner: _____
 Residence Address: _____ City: _____ Zip: _____
 Residence Tele No.: _____ Social Security Number: _____
 Residence: Own Rent How long have you lived at this address? _____ Years _____ Months

Are there any lawsuits, judgments or liens pending against you? Yes No
 Have you ever filed bankruptcy? Yes No Have you had any disciplinary action taken against you? Yes No
 How long have you been engaged in the Used Car Business? _____ Years _____ Months
 When did you first receive a MVD License? _____

Name & Address of Oblige: **TEXAS DEPARTMENT OF TRANSPORTATION AUSTIN, TEXAS 78779**
 Amount of Bond: \$ 25,000.00 Premium: _____ Effective Date: _____ Expiration Date: _____

INDEMNITY AGREEMENT

In consideration of the issuance of a bond, Undersigned agrees to pay Insurors Indemnity Company its premium and attests to the accuracy of the application and information provided. Undersigned agrees to indemnify Insurors Indemnity Company from any demands, losses, costs, interest, damages, or expenses of whatever kind or nature, including but not limited to attorneys fees and claims handling expenses in the investigation, payment and subrogation of the claim. Undersigned agrees Insurors Indemnity Company may compromise any claim on the bond and payment by Insurors Indemnity Company will be binding on the undersigned provided Insurors Indemnity Company believed it was or might be liable. Proof of payment by Insurors Indemnity Company shall be prima facie evidence of the fact and amount of the liability of Undersigned. Undersigned consents to venue and personal jurisdiction in McLennan County, Texas for any suit on this bond. The undersigned authorize the company to verify this information and to obtain additional information, including consumer credit reports, from any source. Upon demand by the Company for any reason whatsoever, I agree to deposit current funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of suretyship.

Date Signed _____

Witness Signature: X _____
 Witness Address: _____

Owners Signature: X _____
 Social Security No. _____

Witness Signature: X _____
 Witness Address: _____

Indemnitor Signature: X _____
 Social Security No. _____

Witness Signature: _____
 Witness Address: _____

Indemnitor Signature: _____
 Social Security No. _____

Witness Signature: _____
 Witness Address: _____

Indemnitor Signature: _____
 Social Security No. _____

AGENT: How long have you provided this applicants MVD Bond? _____ Years
 Other insurance provided? _____ How long? _____ Years

Agents Signature: _____ NOTE: ALL SIGNATURES MUST BE WITNESSED BY SOMEONE OTHER THAN A RELATIVE. ADDRESS OF WITNESS MUST BE PROVIDED TO PROCESS APPLICATION.