

Bank Reference Form

COMPLETE TOP PORTION ONLY. PLEASE SIGN BY "X"

Please complete top portion and send to your bank(s). Once the bank has completed the document, it must be returned to Markel Surety via mail or fax. For branch location information visit markelsurety.com or call (888) 344-3362

Name and Address of Business	Name and Address of Bank
Insurance Agency	Attention:
Surety Underwriter	THE UNDERSIGNED HEREBY AUTHORIZES THE FOLLOWING INFORMATION TO BE RELEASED TO SURFIEC INSURANCE COMPANY OR MARKEL INSURANCE COMPANY
Acct. Numbers	
	X
Name and Address of Personal Accounts	Signature Date
Acct. Number	Print Name

BANK COMPLETE BOTTOM PORTION

We have been asked to write bonds or are currently writing bonds for the above applicant, and your bank has been given as a reference. Please complete the following, then return to the applicant or mail or fax to Markel Surety. For branch location information visit www.MarkelSurety.com or call (888) 344-3362

THE CONFIDENTIALITY OF THIS INFORMATION WILL BE PRESERVED EXCEPT WHERE DISCLOSURE OF THIS INFORMATION IS REQUIRED BY APPLICABLE LAW. WE WILL NOT HOLD YOU OR ANY STAFF MEMBER RESPONSIBLE FOR THE ACCURACY OF THIS REPORT.

DEPOSITORY ACCOUNTS

1.) This customer h	nas been with our bank	since				
2.) Please Complet	te					
Account No.	Туре	Average Bala (past 6 month	nce is)	Current Balance	Any Overdrafts? Floats? Returned Chks.?	
		\$		\$		
		\$:	\$		
		\$:	\$		
CREDIT ACCOUNTS	6					
3.) We have grante	ed credit to them since					
4.) Current line of a	credit extended \$					
5.) Is this secured? If so, by what?						
6.) Current balance	e on the line:					
7.) Renewal date o	f the line:					
8.) Has the line bee	en handled as agreed?					
9.) Is client in com	pliance with all line of c	redit loan covenants?	lf not, sei	nd a copy of waiver a	and/or specific violations.	
Other loans extended: 10.) Current balance \$				Monthly payments \$		
11.) Are these secu	ured?	If so, by what?		<u>.</u>		
12.) Have these be	en handled as agreed?	,				
13.) Is client in con	npliance with all other lo	oan covenants? If	not, please s	end a copy of waiver	and/or specific violations.	
13.) Your experience	e and opinion of this a	oplicant's financial respo	nsibility and bu	usiness reputation:		

BANK OFFICER

Name:	Thank you for your cooperation
Phone	
Signature X	Date