

RE: UNCLAIMED PROPERTY BOND / STATE OF NJ

Enclosed is the application along with instructions regarding this bond. Please return all documents to our office. Upon receipt of your application, we can confirm the cost of the bond with you. Please note the rate is 2% of the bond amount subject to a \$250 minimum premium. Please also include ALL of the following:

- Letter from state, which includes the amount of the bond, required (*THIS IS THE LETTER WHICH GAVE YOU OUR NAME AND ADDRESS*)
- Copy of driver's license or other form of identification showing street address. If no drivers license, two forms of ID are required that include street address, such as, current utility bill & bank statement, government mail etc. – dated within 30 days.
- Copy of Affidavit of Loss filed with the State of New Jersey – **Section C**
- Copy of Property Ownership Information Form, furnished from the state – **Section B or...**
- **If your claim was recently filed with the State of NJ, the forms you have may be “Property Detail” and “Claimant Information & Indemnification Agreement”. These forms are replacing Section B & C**
- Financial Statement on behalf of applicant for bond. If the claim is on behalf of an Estate, the financial statement must be based on the Administrator, not the estate. **Note:** *financial statement should show that you have assets to cover the amount of the bond.*
- *****NOTE: IF ALL ABOVE ITEMS ARE NOT INCLUDED, YOUR APPLICATION CAN NOT BE PROCESSED.DO NOT SEND ANY ORIGINAL SIGNED STATE FORMS, OR COURT DOCUMENTS. ORIGINALS WILL NOT BE RETURNED. SEND US PHOTOCOPIES ONLY.**

*****If this claim involved an estate, please include a copy of your Surrogate Certificate, dated within one year.**

If it involves a power of attorney or guardianship, please include a copy of your authorization. If this claim involves property of a deceased, please include copy of death certificate.

Submission of your application and check does not guarantee issuance of the bond. All bond applications must be reviewed and meet underwriting requirements. If additional information is required, we will advise accordingly. If the bond is not approved, we will return your check. If you have any questions, do not hesitate to give me a call. Approved bonds may take about 30 days to be processed.

The purpose of this bond is to protect the State of New Jersey in the event someone else makes a claim against the same property.

NEW JERSEY UNCLAIMED PROPERTY BOND

Legislation passed April 14, 1989 changed the State of New Jersey's procedure for handling abandoned property claims. In specific instances the State requires an Indemnity Bond when cash accounts are involved and the original document is no longer available.

Hanson & Ryan, Inc. in collaboration with the Selective Insurance Company of America can provide this bond for you subject to the receipt of specific information.

Unusual circumstances such as divorce, estate bonds, corporate or multiple ownership claims may require additional information. Bonds in excess of \$50,000 will require credit history reports. The application for every bond will require the completion of a personal financial statement form.

New Jersey Unclaimed Property Bonds are written for a statutory period of seven years at the cost of a 2% rate per based on the amount of the bond, subject to a minimum premium of \$250.00. The cost of the bond is never refundable, unless it is requested by the State in error and the original bond is returned to us.

The application which is enclosed must be completed in full, signed and witnessed. (A notary is not necessary and anyone can witness except a spouse) The financial statement form must also be signed and witnessed. Please return the application along with all the documents requested in the enclosed letter.

Selective Insurance Company of America
 40 Wantage Avenue
 Branchville, New Jersey 07890
 973-948-3000

LOST SECURITIES BOND APPLICATION

| | | | |
|--|--------------|--|-------------------|
| BRANCH OFFICE | AGENT | PREMIUM | BOND NO. |
| NAME OF APPLICANT | | SOCIAL SECURITY OR TAX ID # | OCCUPATION |
| ADDRESS | | | |
| WHAT IS THE VALUE OF ALL YOUR ASSETS AFTER DEDUCTING ALL DEBTS? | | | |
| AMOUNT OF BOND | | | |
| VALUE OF LOST INSTRUMENT (par) | | VALUE OF LOST INSTRUMENT (Market) | |
| Name and Address of Bank or Financial Institution Requiring Bond. | | | |
| Description of Lost Instrument (Give complete description, including certificate number, number of shares, date of issue, maturity date and any other pertinent information applicable to the instrument in question.) | | | |
| State when and how you became the owner of the securities. | | | |
| If the securities, lost or destroyed, are registered, state in whose name they now stand and to whom dividends, if any, are now being paid. | | | |
| State definitely whether or not the lost instrument in any way has ever been ENDORSED, ASSIGNED, HYPOTHECATED or PLEDGED as security for a LOAN or as MARGIN or the TITLE thereto otherwise DISPOSED of by the person in whose name they stand or by you. If so, give full particulars. | | | |
| State fully and in detail all circumstances connected with loss; date when you first discovered it; what search has been made and what steps were taken to recover the securities, and give all pertinent information. | | | |

(Over)

(Continued)

The Agreement of Indemnity below must be executed by all parties having an interest in the instrument.

Should the Selective Insurance Company of America (hereinafter called the Company) execute or procure the execution of the suretyship hereinbefore applied for, or other suretyship in lieu thereof, the undersigned, hereinafter called the Indemnitor, does (if there be more than one Indemnitor they jointly and severally and for each other do) in consideration thereof undertake and agree:

- I. That it is acknowledged that all information is complete and correct and is given to induce the insurance company and its agent to execute the bond applied for. It is understood that false information may constitute misrepresentation or fraud. Authorization is given to investigate the credit, character, capacity and capital of the applicant(s) for bonding purposes.
- II. That the Indemnitor will immediately pay the Company at its office in Branchville, New Jersey \$ _____ which shall constitute premium for the entire life of bond.
- III. That the Indemnitor will perform all the conditions of said bond, and any and all modifications, renewals and extensions thereof, and will at all times indemnify and save the Company harmless from and against every claim of every nature whatsoever, including counsel fees, and will place the Company in funds to meet the same before it shall be required to make payment, and in case the Indemnitor requests the Company to join in the prosecution or defense of any legal proceeding, the Indemnitor will, on demand of the Company, place it in funds sufficient to defray all expenses and all judgments that may be rendered therein.
- IV. That the Indemnitor hereby agrees that if the securities ever come into his possession or under his control, he will at his own cost or expense deliver or cause said securities to be delivered, to the Company.

Signed and sealed this _____ day of _____

NOTE:

If co-partnership, firm name must be signed with name of member acting on its behalf, and each member must sign individually as well.

If corporation, corporate name must be signed in full, with the officers' name and title on line below. Corporate seal must be impressed.

WITNESS:

All Applicants and Indemnitors sign below.

| | |
|-------|--------------|
| _____ | _____ (SEAL) |
| _____ | _____ (SEAL) |
| _____ | _____ (SEAL) |

PERSONAL FINANCIAL STATEMENT

As of _____

Date

_____ proposed Indemnitor for _____
 Name Name of Contractor

hereby affirms that in the following declarations made and answers given, he states the truth without reservation in order to induce the Selective Insurance Company of America to execute bond(s).

1. Full name of indemnitor _____ Age _____ Years
2. Daily occupation or employment _____ Business address _____
3. Residence address _____ Married? _____
4. Social Security Number _____

ASSETS

| | | |
|--|-------|----------|
| Cash on hand (not in bank) | _____ | \$ _____ |
| Cash deposited in following banks | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Stock and bonds (market value) consisting of | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| State which if any of the above hypothecated for loans | | |
| Real Estate, title to which is in your name | _____ | \$ _____ |
| a _____ | _____ | \$ _____ |
| b _____ | _____ | \$ _____ |
| c _____ | _____ | \$ _____ |
| d _____ | _____ | \$ _____ |
| Notes Receivable | _____ | \$ _____ |
| Accounts Receivable | _____ | \$ _____ |
| Other Assets (in detail) | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Total Assets, | _____ | \$ _____ |

LIABILITIES

| | | | |
|--|-----------------|----------------|----------|
| Borrowed money from banks (not business related) | | | |
| When due? | Monthly Payment | Total | |
| _____ | \$ _____ | \$ _____ | |
| How secured? _____ | | | |
| Other notes payable _____ | | | |
| When due? | Monthly Payment | Total | |
| _____ | \$ _____ | \$ _____ | |
| How secured? _____ | | | |
| Accounts payable | | \$ _____ | |
| Mortgages on real estate | | | |
| Location | When Due | Yearly Payment | Total |
| a _____ | _____ | \$ _____ | \$ _____ |
| b _____ | _____ | \$ _____ | \$ _____ |
| c _____ | _____ | \$ _____ | \$ _____ |
| d _____ | _____ | \$ _____ | \$ _____ |
| Taxed Payable from Sub S Corp (if applicable) | | \$ _____ | |
| Other Liabilities (in detail) | | \$ _____ | |
| _____ | | \$ _____ | |
| _____ | | \$ _____ | |
| Total Liabilities, | | | \$ _____ |

6. What do you consider yourself worth, net, over and above debts and liabilities? _____
7. Are you surety or endorser upon any bond, note or other obligation, not included in your liabilities shown above? If so, give name and amount _____
8. Any judgements against your? _____ Ever failed in business? _____
9. Threatened with any law suits? _____ Interested in more than one line of business? _____

REFERENCES:

| Name | Occupation | Address (Street and City) |
|------------------|------------|------------------------------|
| NOT NEEDED ***** | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The undersigned hereby authorize(s) and request(s) any person, firm or corporation, to furnish any information requested by the Selective Insurance Company of America concerning any transaction with the undersigned; and the Selective Insurance Company of America may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the purpose of securing reinsurance or co-suretyship.

Signed at _____
 this _____ day of _____

(Sign here) _____

WITNESS: _____