



Individual Resident Lease Deposit Bond

Bond#:

Account Name		Account Number	
Community Name		Community Number	
Resident(s) Name(s) (First, MI, Last)			
Address (Street, City, State, Zip)		Unit Number	Move In Date
Premium (Non-Refundable)		Bond Coverage Amount	

I/We the undersigned below, agree to the enrollment above and intend to be legally bound to the terms below:

Evergreen National Indemnity Company, the Surety, located in Mayfield Heights, Ohio, for the benefit of the Community (Community of which I/We are to become resident(s)) provides a bond, for the amount shown above in the Bond Coverage Amount box.

I/We hereby request this bond with the understanding that the premium charge as set forth above is nonrefundable. Further, the bond does not represent a security deposit of any kind and it is not insurance.

In the event that the Community files a claim against this bond, it is agreed and understood that should the Surety pay under the bond to the Community that my/our obligation to the Community under the deposit clause of the lease agreement is not satisfied. I/We understand and agree that my/our obligation under the deposit clause of the lease agreement become due and owing to the Community in full. I/We agree to hold the Community harmless from all liability, loss and expense, including attorney fees in enforcing the deposit clause of the lease agreement against me/us.

All parties agree that any disputes arising from this bond shall be arbitrated by a binding arbitrator of which all parties mutually agree.

All parties agree that the Surety may cancel this bond by giving thirty (30) days written notice by regular mail to me/us at the rental address shown on the lease agreement with the Community.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed on this date:

X
Resident Signature



Deposit Choice

SURETY BOND

Dear

For a fraction of the cost of traditional security deposits, Deposit Choice, LLC. makes moving into your dream apartment affordable and convenient.

PURCHASE A DEPOSIT ALTERNATIVE IN TWO EASY STEPS

1. Complete and sign the attached Deposit Choice surety bond form after carefully reading the terms and conditions.

2. Provide payment information below and provide the community staff with this page and the signed Deposit Choice surety bond form.

PAYMENT INFORMATION *(select one)*

Premium *(non-refundable)*:

Bond Coverage Amount:

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WRITE A CHECK / MONEY ORDER

Make check / money order payable to “**DEPOSIT CHOICE, LLC.**”

The community staff can then mail your check / money order and the signed form to **DEPOSIT CHOICE, LLC.**
2900 Monarch Lakes Blvd, Suite 201, Miramar FL 33027

OR

You can also pay by credit / debit card via www.depositchoice.com or enter the information below and the community staff can fax your payment information and signed form.

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PAY BY CREDIT CARD

Card Number

Expiration Date *(mm/year)*

CCV

Billing Zip Code

Phone Number

Email

Signature

Date

DISCLAIMER: I understand that my signature authenticates that I am the lawful holder of the Credit Card the deposit payment amount will be charged to.

www.depositchoice.com

WE MAKE YOU BETTER WE MAKE YOU BETTER WE MAKE YOU BETTER WE MAKE YOU BETTER