STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION 1940 North Monroe Street Tallahassee, FL 32399-0783

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395.**

| TO BE COMPLETED BY THE GUARANTOR | |
|--|---|
| If Guarantor is a company or bank, attach Guarantor's <i>audited</i> financial statements. If Guarantor is an | |
| individual, attach Guarantor's <i>reviewed</i> financial statements. | |
| FOR VALUE RECEIVED, I hereby guara | |
| | , now owing or incurred |
| (Name of Employee Leasing C | |
| between and April 30 of (Date of Guaranty) | the next even numbered year, but not to exceed the sum of |
| (Date of Guaranty) | |
| (amount of deficiency in employee leasing | Dollars (\$) |
| accounting net worth or net working capital, | whichever is greater) |
| to the obligees of | as they may appear. |
| (employee le | leasing company) |
| I waive diligence on the part of said obligees in the collection of that indebtedness, and agree that said obligees shall be under no obligation to notify me of the acceptance of the guaranty or of any credit extended on the face of this guaranty or of any renewals or extensions of the indebtedness. Said obligees shall have the privilege of granting such renewals and extensions as it may deem proper. I further expressly waive notice of nonpayment, protest, and notice of protest with respect to the | |
| indebtedness covered by this guaranty. I further agree to pay any costs of collection, including attorney's fees incurred by said obligees in connection with the enforcement of this guaranty. | |
| fees incurred by said obligees in connection | in with the enforcement of this guaranty. |
| It shall not be necessary for said obligees, in order to enforce payment by me of the indebtedness, to first institute suit or to pursue or exhaust its remedies against or against any other security which said obligees may have. (employee leasing company) | |
| I acknowledge that this guaranty is in effect and binding on myself without reference to whether it is signed by any other person or persons. I agree that as to myself, the guaranty shall continue in full force and effect notwithstanding the death or the release by agreement or by operation of law of, or the extension of time to, any other guarantor or guarantors as to obligations then existing. | |
| My liability hereunder shall not be affected or impaired by the existence, from time to time, of an indebtedness or liability of to said obligees in excess of the amount of the guaranty. (employee leasing company) | |
| _ | |
| This agreement is to be performed in the County of, State of Florida, and any suit on this guaranty or for any breach of this guaranty may be brought and prosecuted in the courts of that county or of the County of Leon, State of Florida. | |
| GUARANTOR | |
| Executed, 20 | Guarantor is a: 🛛 Company 🗖 Bank 🗖 Individual |
| | |
| Print Name of Guarantor | Signature of Guarantor (or Authorized Representative if Guarantor is a Company or Bank) |
| The Relationship of Guarantor or Authorized Representative to the Employee Leasing Company: | |
| GUARANTOR ADDRESS | |
| Street Address or P.O. Box | City State Zip Code (+4 optional) |