

## Application for License, Permit, and Miscellaneous Bonds

### BOND INFORMATION

TYPE OF BOND	BOND AMOUNT \$	REQUESTED EFFECTIVE DATE
BOND TO BE FILED WITH (OBLIGEE)	ADDRESS OF OBLIGEE	
Does the Applicant have any other Surety bonds in force? <input type="checkbox"/> Yes <input type="checkbox"/> No      Have you ever had a bond involuntarily terminated or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has another Surety Company declined to write this or any previous bond? <input type="checkbox"/> Yes <input type="checkbox"/> No      Been subject to a federal or state tax lien? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If you answered YES to any of the questions above, please attach a detailed explanation</i>		

### BUSINESS INFORMATION

COMPANY NAME (MUST BE EXACTLY AS IT IS TO APPEAR ON BOND)			BUSINESS PHONE
ADDRESS			EMAIL ADDRESS
CITY/STATE/ZIP			COMPANY TAX ID NUMBER
PRIOR BOND OR CURRENT BOND WITH	HOW LONG	BOND NUMBER	REASON FOR CHANGE
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation      IF CORPORATION, DATE INCORPORATED <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP                    /   /		IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS (Complete Personal Indemnitor section for all stockholders with over 10% interest)	
DESCRIBE TYPE OF BUSINESS	LICENSE NUMBER (if applicable)	YEARS IN BUSINESS	HOW LONG UNDER CURRENT OWNERSHIP?
BUSINESS ACCOUNT BANK NAME	BANK ADDRESS		BANK PHONE NUMBER
BUSINESS CHECKING ACCOUNT NUMBER	ACCOUNT BALANCE	BUSINESS SAVINGS ACCOUNT NUMBER	ACCOUNT BALANCE
Have you been involved in a dispute where there was a lawsuit or a lien was filed? <input type="checkbox"/> Yes <input type="checkbox"/> No      Have you been subject to a federal or state tax lien? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If you answered YES to the questions above, please attach a detailed explanation</i>			

### PERSONAL INDEMNITOR SECTION

INDIVIDUAL'S FIRST NAME, MIDDLE NAME/LAST NAME		DRIVER'S LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
<input type="checkbox"/> Own <input type="checkbox"/> House <input type="checkbox"/> Rent <input type="checkbox"/> Apartment	HOW LONG?	MONTHLY PAYMENT(S)	EMAIL ADDRESS		
HOME ADDRESS/CITY/STATE ZIP			HOME/MOBILE PHONE		
EMPLOYER NAME		WORK PHONE	NUMBER OF YEARS EXPERIENCE		
EMPLOYER ADDRESS		EMPLOYER CITY/STATE/ZIP			
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated	SPOUSE FIRST NAME/MIDDLE NAME/LAST NAME	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
SPOUSE EMPLOYER NAME		WORK PHONE	NUMBER OF YEARS EXPERIENCE		
SPOUSE EMPLOYER ADDRESS		SPOUSE EMPLOYER CITY/STATE/ZIP			
DATE HOME PURCHASED	PURCHASE PRICE	CURRENT MARKET VALUE	PRESENT LOAN BALANCE(S)	LOAN NUMBER	MONTHLY PAYMENT(S)
/   /					
PERSONAL ACCOUNT BANK NAME		BANK ADDRESS		BANK PHONE NUMBER	
PERSONAL CHECKING ACCOUNT NUMBER	ACCOUNT BALANCE	PERSONAL SAVINGS ACCOUNT NUMBER	ACCOUNT BALANCE		
Have you, your spouse or company ever:			Are you a guarantor for a third party liability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Failed in any business venture? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are any of your assets in Trust(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Been a principal or indemnitor on a bond which a claim was brought? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Been subject to a federal or state tax lien? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If you answered YES to any of the questions above, please attach a detailed explanation</i>					

How many Bonds are you requesting at this time? \_\_\_\_\_

What are the amounts for each bond? \_\_\_\_\_ Quantity \_\_\_\_\_

What are the amounts for each bond? \_\_\_\_\_ Quantity \_\_\_\_\_

**\*\*\* ALL APPLICANTAS ARE SUBJECT TO CREDIT REVIEW \*\*\***

**Fair Credit Reporting Act Notice:** In making this application for surety it is understood that an investigative consumer report may be prepared whereby pertinent information concerning your character, reputation, personal characteristics and mode of living may be obtained. Information as to the nature and scope of this report may be obtained upon written request.

Principal and indemnitors authorize surety underwriters to investigate Principal's and indemnitors' personal credit, now and at any time in the future with any creditor, supplier, customer, financial institution or other person or entity.

Principal agrees that with its signature below, it is representing itself as both Principal and an indemnitor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON(S) TO CRIMINAL AND CIVIL PENALTIES.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Print Principal Name (Exactly as it is to appear on Bond):** \_\_\_\_\_

**Soc. Sec. # of FED ID #** \_\_\_\_\_

**Indemnitors:**

**Indemnitor Name:** \_\_\_\_\_

**Indemnitor Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Soc. Sec. # of FED ID #** \_\_\_\_\_

**Soc. Sec. # of FED ID #** \_\_\_\_\_

**Signature and Title of Authorized Representative of Indemnitor:**

\_\_\_\_\_

\_\_\_\_\_

**Indemnitor Name:** \_\_\_\_\_

**Indemnitor Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Soc. Sec. # of FED ID #** \_\_\_\_\_

**Soc. Sec. # of FED ID #** \_\_\_\_\_

**Signature and Title of Authorized Representative of Indemnitor:**

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