



## APPLICATION FOR BOND

<b>BUSINESS INFORMATION</b>	Company Name <b>(Must be exactly as it appears on license):</b>					Business Phone #:
Company Address:	City:	State:	Zip Code:	Business Net Worth: \$	Corp Tax ID (if any)	
Proprietorship Corporation Partnership                      LLC	Date Business Started?	Number of years as Owner?		# of Owners, Partners or Members?		
Years of experience in this field?	Previous Bonding Company?	Reason for Changing Bonding Company?				
Name & Branch of Bank:	Bank Reference:	Acct No.:	Acct Balance:	Line of Credit:		

<b>PERSONAL INFORMATION</b>	Applicants Name:		Social Security #:		Date of Birth:
Spouse's Name:		Social Security #:		Date of Birth:	
Residence Address:		City:	State:	Zip Code:	Own                  Rent
Estimated Personal Net Worth:	Balance of Mortgage Owed:		Percentage Ownership of business:		

### Additional Owners or Partners

<b>PERSONAL INFORMATION</b>	Name:		Social Security #:		Date of Birth:
Spouse's Name:		Social Security #:		Date of Birth:	
Residence Address:		City:	State:	Zip Code:	Own                  Rent
Estimated Personal Net Worth:	Balance of Mortgage Owed:		Percentage Ownership of business:		

### Has/Does the business or Owner(s)

Ever declared bankruptcy? Yes          No	Have any lawsuits pending? Yes          No	Have any unsatisfied judgments? Yes          No	Have pending or prior tax liens? Yes          No
Ever canceled by a surety? Yes          No	Ever caused a surety a loss? Yes          No	Ever had a license suspended or denied? Yes          No	Ever compromised with creditors? Yes          No

**(If you answered "Yes" to any of the above questions, please attach a full explanation)**

Do you sell new or used vehicles?	NEW	USED	
Do you offer warranties with your vehicles?	Yes	No	If so, how long?
Have you or any of the owners operated under another name?	Yes	No	If so, provide details.
If so, were all the creditors satisfied?	Yes	No	If not, provide details.

<b>BOND INFORMATION</b>	Type of Bond <b>(Attach Bond Form):</b>	Amount of Bond:	Effective Date:
Obligee Name:	Obligee Address: (Street, City, State, Zip Code)		

*\*All information furnished on this Application will be utilized and relied upon in the issuance of any bonds on and after the date above. All above fields must be completed or application may be rejected.*