

Auto Dealer Surety Bond Application

THIS APPLICATION MUST BE COMPLETED, SIGNED, AND RETURNED

Existing Client ID#

Applicant:

Address:

City & State, Zip:

Occupation or Business of Applicant:

Applicant is an: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC

Who is requiring this bond from you?

Type of Surety Bond:

Email Address:

Amount of Bond:

Effective Date:

Prior Surety Company:

Business Fax #:

No. of years in business:

Business Tel. #:

Has Applicant, Stockholder, or Indemnitor ever:

Been Cancelled by Surety? ☐ Yes ☐ No

Had a Bond Claim? ☐ Yes ☐ No

Declared Bankruptcy? ☐ Yes ☐ No

Prior/Pending Tax Liens? ☐ Yes ☐ No

Prior/Pending Lawsuits? ☐ Yes ☐ No

Convicted of a Felony? ☐ Yes ☐ No

(If you answered Yes to any of the above questions, attach an explanation)

LIST ALL OWNERS BELOW

Owner #1

Name:

SSN:

D.O.B.

Address:

City & State, Zip:

Position/Title:

% Ownership:

Spouse's Name:

SSN:

Owner #2

Name:

SSN:

D.O.B.

Address:

City & State, Zip:

Position/Title:

% Ownership:

Spouse's Name:

SSN:

Owner #3

Name:

SSN:

D.O.B.

Address:

City & State, Zip:

Position/Title:

% Ownership:

Spouse's Name:

SSN:

I understand that by submitting this application I give permission to the surety to obtain a credit report for the individuals listed. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Printed Name:

Date:

Signature: