

## BUSINESS SERVICES BOND APPLICATION

Referred by: \_\_\_\_\_

Legal Business Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Type of Business: \_\_\_\_\_ Individual/Sole Proprietorship \_\_\_\_\_ Partnership  
\_\_\_\_\_ S Corporation \_\_\_\_\_ C Corporation  
\_\_\_\_\_ LLC (Ltd Liability Corp) \_\_\_\_\_ LLP (Ltd Liability Pshp)  
\_\_\_\_\_ Non-Profit Corporation

Date Formed: \_\_\_\_\_ Years of Experience in Trade: \_\_\_\_\_

Ever Caused a Surety a Loss or Had a Bond Claim?: \_\_\_\_\_ If yes, please explain on separate page.

Any principal, owner, or indemnitor file bankruptcy, have open judgments or tax liens? \_\_\_\_\_

Predominant Activity \_\_\_\_\_

Effective Date of Bond \_\_\_\_\_

Bond Amount Desired \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Previously bonded? \_\_\_\_\_ If so, when? \_\_\_\_\_

Name of surety \_\_\_\_\_

Does your business act as a money or securities handler/messenger? \_\_\_\_\_

Does your business act as a bookkeeper, accountant, or assist clients with handling finances? \_\_\_\_\_

Number of Employees Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Are Owners to be Covered? Yes \_\_\_\_\_ No \_\_\_\_\_ No. of Owners \_\_\_\_\_

Please return the completed application to

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