

2361 Highway 36 West  
St Paul, MN 55113  
Phone: (651) 342-1480  
Fax: (651) 342-1763

## BUSINESS SERVICES BOND APPLICATION

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 \_\_\_\_\_

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

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

Please return the completed application to

Amy Thompson  
[amy.thompson@assuredpartners.com](mailto:amy.thompson@assuredpartners.com)