

## Civil Court Bond Application

### Required Fields in Red

#### Business Information

**Legal Business Name:** \_\_\_\_\_

(Or Individual)

**DBA Name (if any):** \_\_\_\_\_

**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?** \_\_\_\_\_

If yes, to any of the above, please explain on separate page.

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

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

**Federal Tax ID:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

### Owner

Owner Name: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership % \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner SSN: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

### Owner #2

Owner Name: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership % \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner SSN: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

### Owner #3

Owner Name: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership % \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner SSN: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

**\*\* All owners must provide signed Credit Authorization Form \*\***

### Bond Information

Type of Bond:	_____	Cost on Appeal/Supersedeas
	_____	Replevin
	_____	Judgment
	_____	TRO/Injunction
	_____	Other/Don't know
Amount of Bond:	_____	Specific Bond Form Required? _____ (if so, please email or fax to our office)
Desired Effective Date:	_____	Expiration Date: _____
Court File No:	_____	Court District Number: _____
Court State:	_____	County: _____
Attorney Name/Firm:	_____	
Attorney Address:	_____	
Attorney City:	_____	Attorney E-mail : _____
Attorney State:	_____	Attorney Zip Code: _____
Attorney Phone:	_____	Attorney Fax: _____

### Comments

Please also forward copies of motions, affidavits, orders or proposed orders in this matter.

---

---

---

### Submit Application

Please return the completed application and signed Credit Authorization Form to:

Lin Ulven	Accounts A-G	<a href="mailto:lin.ulven@assuredpartners.com">lin.ulven@assuredpartners.com</a>
Lisa Eubanks	Accounts H-N	<a href="mailto:lisa.eubanks@assuredpartners.com">lisa.eubanks@assuredpartners.com</a>
Barb Olson	Accounts O-Z	<a href="mailto:barb.olson@assuredpartners.com">barb.olson@assuredpartners.com</a>