

Commercial Surety Bond Application

Required Fields in Red

Business Information

Legal Business Name: _____
(exact as listed on license)

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: _____ **Website:** _____

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 and spouses must provide signed Credit Authorization Form ****

Bond Information

Type of Bond: _____ Contractor License & Permit Bond
Type/Description: _____

PCA Provider

Motor Vehicle Dealer

Mortgage Broker

Freight Broker

Other: _____

Amount of Bond: _____ Specific Bond Form Required? _____
(if so, please email or fax to our office)

Desired Effective Date: _____ Expiration Date: _____

Obligee Name: _____
(Name of entity that is requiring you to obtain the bond)

Obligee Address: _____

Obligee City: _____ Obligee Website: _____

Obligee State: _____ Obligee Zip Code: _____

Comments

Submit Application

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

Lin Ulven	Accounts A-G	lin.ulven@assuredpartners.com
Lisa Eubanks	Accounts H-N	lisa.eubanks@assuredpartners.com
Barb Olson	Accounts O-Z	barb.olson@assuredpartners.com