

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

Union Fringe Benefit Bond Application

Name of Business: _____

Address of Business: _____

Nature of Business: Proprietor ____ Partnership ____ Corporation ____ LLC ____

Years in Business: _____ No. of Owners _____ Net Worth \$ _____

Union/Benefit Fund(s): _____

Address of Union/Fund: _____

Amount of Bond: _____ Effective Date of Bond _____

Special Bond Form? _____ If yes, please attach bond form for review

Business Owner(s): _____ Spouse _____

Owner Address: _____

Social Security Number: _____ Personal Net Worth \$ _____

Ever Declare Bankruptcy? _____ Pending/Prior IRS Liens? _____

IF MORE THAN ONE OWNER, PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH OWNER

Please submit this application with business and personal financial statements.

IMPORTANT NOTICE!!

AssuredPartners will use the information provided to market the bond submission to various surety companies. Additional information may be requested. Persons providing information on this application understand and agree that a retail credit report will be ordered as part of the surety bond underwriting process.

Signature of Applicant _____ Date _____

Please return application to:

Amy Thompson
amy.thompson@assuredpartners.com