

COMMERCIAL SURETY BOND APPLICATION

Company Name: _____

Contact First Name: _____ Contact Last Name: _____

Email: _____

Phone: _____ Fax: _____

Company Type (Corp, LLC, Partnership, Sole-Proprietorship): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Company Established Date: _____

Previous Bond Claims (ever)? Yes No

Any active bonds with another agency? Yes No

Ever been declined for a bond? Yes No

Ever had a bond involuntarily canceled? Yes No

Type of Bond (attach bond form): _____

Amount of Bond (\$): _____

Effective Date: _____ Expiration Date: _____

What State is requiring the bond? _____

Obligee Name: _____

Obligee Address: _____

City: _____ State: _____ Zip: _____

Name on Bond: _____
(Input company name exactly as it must appear on bond)

Owner 1

Applicants Name: _____ SSN: _____

Date of Birth: _____ Title (i.e. President, Owner, etc.): _____

Marital Status: Single Married Spouse Name: _____

Spouse SSN: _____ Spouse Date of Birth: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

US Citizen: Yes No % Owned: _____%

Owner 2 (If necessary)

Applicants Name: _____ SSN: _____

Date of Birth: _____ Title (i.e. President, Owner, etc.): _____

Marital Status: Single Married Spouse Name: _____

Spouse SSN: _____ Spouse Date of Birth: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

US Citizen: Yes No % Owned: _____%

Owner 3 (If necessary)

Applicants Name: _____ SSN: _____

Date of Birth: _____ Title (i.e. President, Owner, etc.): _____

Marital Status: Single Married Spouse Name: _____

Spouse SSN: _____ Spouse Date of Birth: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

US Citizen: Yes No % Owned: _____%

GLOBAL INSURANCE AGENCY LLC

Tel. 908-469-8441 Fax 908-469-8460

quotes@globalinsurancenj.com

PERSONAL STATEMENT

CONFIDENTIAL

NAME _____ SS # _____

RESIDENCE ADDRESS _____

The following is submitted for the purpose of procuring, establishing and maintaining credit with you in behalf of the undersigned or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned.

(Month) _____ (Day) _____ (Year) _____

Million Thousand Hundred

Million Thousand Hundred

ASSETS	Million	Thousand	Hundred	LIABILITIES	Million	Thousand	Hundred
Cash on hand and in Banks				Notes payable to Banks - Secured			
U. S. Gov. Securities - see schedule				Notes payable to Banks - Unsecured			
Listed Securities - see schedule				Notes payable to relatives			
Unlisted Securities - see schedule				Notes payable to others			
Accounts and Notes Receivable Due from relatives and friends				Accounts and bills due			
				Unpaid Income Tax			
Accounts and Notes Receivable Due from others - good				Other unpaid taxes and interest			
				Real Estate Mortgages payable - see schedule			
Accounts and Notes Receivable Doubtful				Chattel Mortgages and Other Liens payable			
Real Estate owned - see schedule							
Automobiles and other Vehicles				Other debts - itemize			
Equipment							
Personal Property							
Cash Value- Life Insurance							
Other assets - itemize							
				TOTAL LIABILITIES			
				NET WORTH			
TOTAL ASSETS				TOTAL LIAB. & NET WORTH			

SOURCES OF INCOME	PERSONAL INFORMATION
Salary \$	Business or Occupation Age
Bonus and Commissions \$	
Dividends \$	Partner or officer in any other venture
Real Estate Income \$	
Other income - itemize \$	Married Children
	Single Dependents
TOTAL \$	

CONTINGENT LIABILITIES		GENERAL INFORMATION	
As endorser, comaker or guarantor	\$	Are any assets pledged? - see schedule	
On leases or contracts	\$	Are you defendant in any suits	
Legal claims	\$	or legal actions?	
Provision for Federal Income Taxes	\$	Personal Bank Accounts carried at	
Other special debt	\$	Have you ever taken bankruptcy? Explain:	

SCHEDULE OF U. S. GOVERNMENTS, STOCKS AND BONDS OWNED			
No. of shares or Face value (Bonds)	Description	In name of	Market value

SCHEDULE OF REAL ESTATE OWNED						
Description of property and Improvements	Date Acquired	Title in Name of	Cost	Market Value	Mortgage	
					Amount	Maturity

SCHEDULE OF LIFE INSURANCE CARRIED, INCL. N.S.L.I. AND GROUP INSURANCE				
Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans

THE UNDERSIGNED CERTIFIES THAT BOTH PAGES HEREOF AND THE INFORMATION INSERTED THEREIN HAS BEEN CAREFULLY READ AND IS TRUE AND CORRECT.

_____ Date signed

_____ Signature

GLOBAL INSURANCE AGENCY LLC

514 WESTFIELD AVE. ELIZABETH, NJ 07208

TEL. 908-469-8441 FAX 908-469-8460

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COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR GLOBAL INSURANCE AGENCY LLC, JW BOND CONSULTANTS, INC. AND THE SURETY TO OBTAIN CONSUMER INFORMATION FROM ANY SOURCE WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INCLUDES OBTAINING CREDIT REPORTS AT THE TIME OF APPLICATION, IN ANY REVIEW OR RENEWAL, AT THE TIME OF ANY POTENTIAL OR ACTUAL CLAIM, OR FOR ANY OTHER LEGITIMATE PURPOSES AS DETERMINED BY THE SURETY IN ITS REASONABLE DISCRETION. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

APPLICANT'S NAME: _____
Print First Name, Middle Name and Last Name

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____

HOME ADDRESS: _____
Address City State Zip

PHONE: _____ FAX: _____ E-MAIL: _____

COMPANY NAME AS IT APPEARS ON THE APPLICATION

APPLICANT SIGNATURE

DATE