



Return application to: \_\_\_\_\_

Member #: \_\_\_\_\_

Surety Bond Application

IMPORTANT: ALL INFORMATION ON APPLICATION MUST BE COMPLETED.
INCOMPLETE APPLICATIONS WILL CAUSE DELAY IN PROCESSING
Please fax back with Bond Form

Name of Principal: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

(exactly as it appears on license)

SS#: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Residence City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Business City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date Business BEGAN under present Individual or Firm Name: \_\_\_\_\_ Business Tax ID: \_\_\_\_\_

Ownership: [ ] Sole Proprietorship [ ] Partnership [ ] Corporation [ ] S Corporation [ ] Other \_\_\_\_\_ (specify)

Net Worth \$ \_\_\_\_\_ State(s) where bonds required \_\_\_\_\_

Amount of Bond: \$ \_\_\_\_\_ Effective Date of Bond: \_\_\_\_\_, \_\_\_\_\_ Term: 1 Yr\_\_ 3 Yr\_\_

ADDITIONAL OWNERS OR PARTNERS AS REQUIRED

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

SS#: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Residence City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ATTACH PERSONAL AND CORPORATE FINANCIAL STATEMENT

How long has applicant been a Mortgage Broker or in an associated field? \_\_\_\_\_

Are you a member of the National Association of Mortgage Brokers? Yes \_\_\_ No \_\_\_

Does the corporation service loans? Yes \_\_\_ No \_\_\_

INSURANCE FRAUD PREVENTION ACT NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**Principal's Name:** \_\_\_\_\_

**SUPPLEMENTAL UNDERWRITING QUESTIONNAIRE:**

Please answer all questions listed below. **“Applicant” includes any Owner, Partner or Officer.**

1. Does the applicant have any other surety bonds in force?  Yes  No  
If “yes”, please list type bond(s) & company(ies) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Has any Surety company declined to write this or any previous bond for the applicant?  Yes  No  
If “yes”, name of company(ies) and reason for declination \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Has the applicant ever had a bond involuntarily terminated or cancelled?  Yes  No  
If “yes”, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Has there ever been a claim or legal action against any bond executed on behalf of the applicant?  Yes  No  
If “yes”, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Does the applicant or any companies owned by or related to the applicant have any pending lawsuits, unsatisfied judgments or liens?  Yes  No  
If “yes”, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Has the applicant or any companies owned by or related to the applicant declared bankruptcy or become insolvent?  Yes  No  
If “yes”, please provide details and date of discharge for bankruptcy \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Has the applicant or any companies owned by or related to the applicant been the subject of a legal or administrative proceeding resulting in disciplinary action?  Yes  No  
If “yes”, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Has the applicant ever been convicted of a felony?  Yes  No  
If “yes”, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Has the applicant continuously been in business under the current name and ownership for at least 3 years?  Yes  No
10. If the applicant is a business, has the applicant been in business at the same location for at least 3 years?  Yes  No

# CREDIT REPORT CONSENT

The undersigned applicant(s) and/or indemnitor(s) understand and agree that by submitting an application for bonding to any of the writing companies CRES Insurance Services works with, the undersigned authorize the verification of information provided and the obtaining of additional information from any source, including obtaining a credit report on the undersigned and/or any other individuals associated with the business involved, including spouses, at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purpose determined by the writing company in its reasonable discretion.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Must be signed by all owners applying for the insurance.

_____	_____
_____	_____
_____	_____
_____	_____