

Return Application To: \_\_\_\_\_ Fax: \_\_\_\_\_ CRES Member #: \_\_\_\_\_

**General Information: 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: Individual      Partnership       Joint Venture       Corporation       LLC       Other: \_\_\_\_\_

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? \_\_\_\_\_

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

Yes      No      Does the corporation service loans?

# SUPPLEMENTAL UNDERWRITING QUESTIONNAIRE:

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

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

- Yes No **1.** Does the applicant have any other surety bonds in force?  
If "yes", please list type bond(s) & company(ies): \_\_\_\_\_  
\_\_\_\_\_
- Yes No **2.** Has any Surety company declined to write this or any previous bond for the applicant? If "yes",  
name of company(ies) and reason for declination: \_\_\_\_\_  
\_\_\_\_\_
- Yes No **3.** Has the applicant ever had a bond involuntarily terminated or cancelled? If "yes", please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- Yes No **4.** Has there ever been a claim or legal action against any bond executed on behalf of the applicant?  
If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_
- Yes No **5.** Does the applicant or any companies owned by or related to the applicant have any pending  
lawsuits,unsatisfied judgments or liens? If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_
- Yes No **6.** Has the applicant or any companies owned by or related to the applicant declared bankruptcy or  
become insolvent? If "yes", please provide details and date of discharge for bankruptcy  
\_\_\_\_\_  
\_\_\_\_\_
- Yes No **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? If "yes", please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- Yes No **8.** Has the applicant ever been convicted of a felony? If "yes", please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Yes No **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?

# 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.**

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**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.