



A Gallagher Affinity Division

SURETY BOND APPLICATION

P.O. Box 29502 #69121 | Las Vegas, NV 89126 | P: (858) 618-1648 | F: (858) 618-1655 | cresinsurance.com

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.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.