

PO Box 29502 #69121, Las Vegas, NV 89126-9502 | (858) 618-1648 | Fax: (858) 618-1655 | www.cresinsurance.com

GENERAL INFORMATION All sections on this application must be complete. Incomplete applications will cause delay in processing.

Bondholder Name (Exactly as is appears on license): _____ Phone#: _____

SS#: _____ NMLS# (If applicable): _____

Physical Address: _____

Name of Bond Type Required: _____

State(s) Where Bond is Required: _____ Bond Amount: \$ _____

Effective Date: _____ Years Lic'd: _____ Years in Business: _____

SPOUSAL INFORMATION AS REQUIRED

Name: _____ Phone#: _____ SS#: _____

Physical Address: _____

Mailing Address (if applicable): _____

UNDERWRITING QUESTIONNAIRE

1. How long has the applicant been a Mortgage Broker or in an associated field? _____
2. Has the business, or any other owner/applicant:
☐ YES ☐ NO Ever been convicted of a felony crime?
☐ YES ☐ NO Ever had their license suspended, revoked or denied?
☐ YES ☐ NO Ever been party to a surety bond claim?
3. ☐ YES ☐ NO Does the applicant have any other surety bonds in force?
If "yes", list type bond(s) & company(ies): _____
4. ☐ YES ☐ NO Has the applicant ever had a bond involuntarily terminated or cancelled?
If "yes", explain: _____
5. ☐ YES ☐ NO Does the applicant or any companies owned by or related to the applicant have any pending lawsuits, unsatisfied judgements, or liens?
If "yes", explain: _____
6. ☐ YES ☐ NO Has the applicant or any companies owned by or related to the applicant declared bankruptcy or become insolvent?
If "yes", provide details and date of discharge for bankruptcy: _____
7. ☐ YES ☐ NO Has the applicant or any companies owned by or related to the applicant been the subject of a legal or administrative proceeding resulting in a disciplinary action?
If "yes", explain: _____

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, A Gallagher Company, works with, the undersigned authorize the verification of information provided and the obtaining individuals associated with the business involved, including spouses, at the time of the 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.

Signature Date: _____

SIGNATURES OF ALL OWNERS APPLYING FOR THE INSURANCE IS REQUIRED:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.