

BOND INFORMATION

Obligee: _____
(NOT YOUR COMPANY NAME - THE NAME OF THE ENTITY THAT REQUESTED THAT YOU OBTAIN THE BOND)

Obligee Address: _____
(REQUIRED)

Type of bond: _____ Bond Amount: \$ _____ Effective Date: _____
(ATTACH BOND FORM)

BUSINESS INFORMATION

Company Name: _____
(AS IT IS TO APPEAR ON THE BOND)

Company's Exact Legal Name: _____

Address: _____ Phone #: _____

Name of President/Managing Member: _____ Tax ID #: _____

Name of Corp. Secretary/Other Member: _____ State of Incorporation/Formation: _____

You file your business as a: Proprietorship Corporation Partnership

How many years have you owned the business?: _____ How many years of experience in this field do you have?: _____

What does your company do?: _____

From which surety were you previously obtaining your bonds?: _____

Why are you leaving that surety?: _____

Have you ever had a prior surety company pay a claim, cancel, refuse renewal or deny an application?: Yes No

OWNER INFORMATION

Name (1): _____ % Ownership: _____ SSN: _____

Spouse: _____ % Ownership: _____ SSN: _____

Home Address: _____ Own your home?: Yes No

Are you a trustee, trustor or beneficiary of any trust? Yes No

Declared bankruptcy in the last 7 years? Yes No If yes, what year?: _____

Ever had a business license suspended or revoked? Yes No

Had any lawsuits, judgements or claims against you? Yes No

Ever been convicted of a felony or a crime involving dishonesty, including theft or fraud? Yes No

Name (2): _____ % Ownership: _____ SSN: _____

Spouse: _____ % Ownership: _____ SSN: _____

Home Address: _____ Own your home?: Yes No

Are you a trustee, trustor or beneficiary of any trust? Yes No

Declared bankruptcy in the last 7 years? Yes No If yes, what year?: _____

Ever had a business license suspended or revoked? Yes No

Had any lawsuits, judgements or claims against you? Yes No

Ever been convicted of a felony or a crime involving dishonesty, including theft or fraud? Yes No



PRELIMINARY MISCELLANEOUS BOND APPLICATION

Your signature on this consent form and completion of the attached application constitutes permission for Universal Service Agency, Inc. to obtain consumer information which will be used to determine bonding eligibility.

This information will be held in the strictest of confidence.

APPLICANT #1

Applicant Signature: _____ Date: _____

Print Applicant name: _____

Spouse Signature: _____ Date: _____

Print Spouse name: _____

APPLICANT #2

Applicant Signature: _____ Date: _____

Print Applicant name: _____

Spouse Signature: _____ Date: _____

Print Spouse name: _____

APPLICANT #3

Applicant Signature: _____ Date: _____

Print Applicant name: _____

Spouse Signature: _____ Date: _____

Print Spouse name: _____

APPLICANT #4

Applicant Signature: _____ Date: _____

Print Applicant name: _____

Spouse Signature: _____ Date: _____

Print Spouse name: _____