



COMMERCIAL SURETY

COMMERCIAL SURETY APPLICATION FORM

AGENCY NAME: _____ AGENCY PHONE: _____

AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ EFF.DATE: _____ EXP.DATE: _____ AMOUNT: _____

OBLIGEE: _____ OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)

SECTION II: GENERAL INFORMATION

APPLICANT'S NAME: _____ SS#: _____

RESIDENTIAL ADDRESS: _____ HOME PHONE: _____
(Street) (City) (State) (Zip)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____
(Street) (City) (State) (Zip)

DATE BUSINESS BEGAN UNDER CURRENT NAME: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO

IF YES, PLEASE EXPLAIN: _____

HAS APPLICANT EVER FAILED IN BUSINESS? YES NO

IF YES, PLEASE EXPLAIN: _____

HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? Y/N

IF YES, PLEASE EXPLAIN: _____

SECTION III: BUSINESS INFORMATION

STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$

NAME OF OWNERS	NAME & TITLE OF OFFICERS	FINANCIAL WORTH OUTSIDE CORP.

