



ELECTRONIC BOND APPLICATION MOTOR VEHICLE DEALER

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact where to, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

CONTACT INFORMATION

Contact Name (If insurance agent, please include Agency Name)	Insurance Agent	Applicant	Attorney	Other
Email Address	Phone Number	Fax Number		

APPLICANT INFORMATION

Applicant or Business Name (<u>Exactly</u> as shown on License)	Sole Ownership	Corporation	Partnership	LLC or LLP
Business Street Address	City	State	Zip	
Obligee Name (Entity or dept. requiring the bond of you)	Effective date	Bond Amount		
Which of the following best describes your primary business:				
New Car Dealer	Used Car Dealer	Body Shop	RV Dealer	Motorcycle Dealer
Repair Shop	Other _____			
How many cars sold last year?	How many cars anticipated to be sold this year?			
Previous Surety? If yes, provide Surety below.	Yes	No	Reason for changing Surety.	
Has the business or any of the owners involved; (If answer yes, provide details)				
Had any lawsuits or judgments against them?	Yes	No	Ever had their license suspended, revoked or denied?	Yes No
Ever failed in business or declared Bankruptcy?	Yes	No	Ever been party to a surety bond claim?	Yes No
Ever been convicted of a crime?	Yes	No	Ever had a bond declined or cancelled?	Yes No

By submitting this Application, the owners listed below hereby authorize BondAbility, (including any of its representatives affiliates, agents or designees) to conduct any and all investigative inquiries including but not limited to obtaining consumer credit reports.
Give the following information on each owner or stockholder, including yourself.

PERSONAL INFORMATION – Owner #1

First Name	Middle	Last Name	Social Security Number	Single	Married
Street Address		City	State	Zip	
# of years you have owned this business:	# of years experience:	% Ownership:	Phone Number:		
Are you directly involved in the day to day operations of this business? Yes No					
If no owners are actively involved, please complete section below on the manager.					
Have you ever had a business under another name? If so, provide previous business name below. Yes No					
Value of Primary Residence			Balance of Mortgage		

Enter additional owners or manager on the following page

MANAGER SECTION (required if no owners are actively involved)

First Name	Middle	Last Name	Social Security Number	Single	Married
Street Address			City	State	Zip
How long as a manager?	# of years experience	If you have ever had a business license, under what name was the license?		Have you had any bond claims files against your business? Yes No	

The following only to be completed if more than one owner of the business

PERSONAL INFORMATION – Owner #2 (if applicable)

First Name	Middle	Last Name	Social Security Number	Single	Married
Street Address			City	State	Zip
# of years you have owned this business:	# of years experience:	% Ownership:		Phone Number:	
Are you directly involved in the day to day operations of this business? Yes No If no owners are actively involved, please complete section on the manager.					
Have you ever had a business under another name? If so, provide previous business name below. Yes No					
Value of Primary Residence			Balance of Mortgage		

PERSONAL INFORMATION – Owner #3 (if applicable)

First Name	Middle	Last Name	Social Security Number	Single	Married
Street Address			City	State	Zip
# of years you have owned this business:	# of years experience:	% Ownership:		Phone Number:	
Are you directly involved in the day to day operations of this business? Yes No If no owners are actively involved, please complete section on the manager.					
Have you ever had a business under another name? If so, provide previous business name below. Yes No					
Value of Primary Residence			Balance of Mortgage		

PERSONAL INFORMATION – Owner #4 (if applicable)

First Name	Middle	Last Name	Social Security Number	Single	Married
Street Address			City	State	Zip
# of years you have owned this business:	# of years experience:	% Ownership:		Phone Number:	
Are you directly involved in the day to day operations of this business? Yes No If no owners are actively involved, please complete section on the manager.					
Have you ever had a business under another name? If so, provide previous business name below. Yes No					
Value of Primary Residence			Balance of Mortgage		