



BOND APPLICATION CERTIFICATE OF TITLE/DEFECTIVE TITLE BOND

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	Applicant	Insurance Agent	Attorney	Other
Email Address	Phone Number		Fax Number	

APPLICANT INFORMATION

Applicant or Business Name (<u>Exactly</u> as to be shown on title)		Sole Ownership	Corporation	Partnership	LLC or LLP
Street Address		City	State	Zip	
County		Effective Date		Bond Amount	
In which state is title being applied for?					
Vehicle Year	Vehicle Make	Vehicle Model		Vehicle VIN / Serial #	
Vehicle Body Type / Style			Vehicle Size		
Is the vehicle: New Used		Number of Cylinders			
Reason title is unavailable					
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?	
Ever failed in business or declared Bankruptcy?		Yes	No	Ever been party to a surety bond claim?	
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

First Name	Middle	Last Name	Social Security Number	Single	Married
Resident Street Address			City	State	Zip
Value of Primary Residence		Balance of Mortgage		Phone Number	

***** Please attach proof of ownership. *****