



THIS IS AN ELECTRONIC FORM
Answer all questions, then click SUBMIT below

or if you prefer, you may **PRINT and FAX** completed application to:
(815) 550-2439

ELECTRONIC BOND APPLICATION CERTIFICATE OF 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 (If insurance agent, please include Agency 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?	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

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. * * ***

Please be sure all information is entered correctly, as there will be a \$25 charge for any changes made after the bond is issued.