



Commercial Surety Application

Complete Page 1 of this application in its entirety.

In addition, complete Section 2 – 7 for the bond category indicated in General Information section below. Application must be SIGNED, WITNESSED and DATED.

General Information Questions

Application is being made for which one of these bond categories?

(*Fill out section indicated.)

- | | | |
|---|---|--|
| <input type="checkbox"/> License & Permit or Miscellaneous – *Sec.2 | <input type="checkbox"/> Lost Instrument – *Sec. 3 | <input type="checkbox"/> Public Official – *Sec. 4 |
| <input type="checkbox"/> Fiduciary (Probate) – *Sec. 5 | <input type="checkbox"/> Receiver or Bankruptcy Trustee – *Sec. 6 | <input type="checkbox"/> Court: Judicial – *Sec. 7 |

Type of Bond (describe purpose) _____

(Attach a copy of the bond form, if available)

Agency Name: AMIS/Alliance Marketing & Insurance Services

RO/Agency Code: 72165749 & 72165748

Sub Producer Code: _____

Bond Number: _____

Agency City: San Marcos

Agency State: CA

Bond Amount: _____

Effective Date of Bond: _____

Bond Term, if known: _____
of years

Applicant is: (select one) Individual Partnership C-Corp S-Corp LLC _____

Applicant (Principal): _____

Name to appear on Bond, if different from Applicant: _____

Applicant's Address: _____

Applicant's Business Description or Latest Occupation: _____

SS#: _____ - _____ - _____ Fed Tax ID: _____ U.S. Citizen? No Yes

Obligee – party requiring the bond (required): _____

Obligee Address: _____

Billing Method: Agency Bill Direct Billed – full payment Direct Bill TABS Account
TABs Account No.: _____

Billing Address, if different from Applicant's Address: _____

1 General Underwriting Questions

(required for all Applicants)

- | | | |
|---|-----------------------------|------------------------------|
| Does the Applicant have any other Surety bonds in force? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has another Surety company declined to write this or any previous bond? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had a bond involuntarily terminated or cancelled? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Has there ever been a claim or legal action against any bond executed on your behalf? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you or any of your companies declared bankruptcy or become insolvent? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever been convicted of a felony? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

(If you answered Yes to any of the above questions, please attach a detailed explanation.)

2	License, Permit and Miscellaneous Bonds
Has the Applicant continuously been in business under the current name and ownership for at least three years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If the Applicant is a business, has it been in business at the same location for at least 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If the Applicant is an individual, have you resided at your current address for at least 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you carry any insurance that affirmatively responds to the bonded obligation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, provide details _____	
Does the bond guarantee the performance of a <i>specific</i> contract or agreement?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, attach a copy of the contract or agreement.	<input type="checkbox"/> copy attached
Does the bond cover any type of environmental or pollution exposure?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the bond guarantee the payment of taxes, fees, wages or payment of any type?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, <u>and</u> the bond is greater than \$25,000 <u>and</u> the Applicant is a business, attach a copy of the last 2 fiscal year-end financial statements.	<input type="checkbox"/> copies attached
If Yes, <u>and</u> the bond is greater than \$25,000 <u>and</u> the Applicant is an individual, attach the most recent financial statement.	<input type="checkbox"/> copy attached

3	Lost Instrument Bonds
Present Market Value _____	Is the Bond: <input type="checkbox"/> Open Penalty or <input type="checkbox"/> Fixed Penalty
Description of the lost instrument or security: _____	
In whose name are the securities or instruments registered: _____	
Have the securities or instruments been endorsed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have the securities or instruments been assigned to another party?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are the lost securities or instruments in bearer form?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has Notice of Loss been given?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, to whom? _____	Date: _____
Has a Stop Notice been issued?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If the bond's value exceeds \$50,000, complete an Affidavit.	<input type="checkbox"/> copy attached

4	Public Official Bonds	
<input type="checkbox"/> Elected	<input type="checkbox"/> Appointed	Position Title _____
Effective Date: _____	Expiration of Term: _____	or <input type="checkbox"/> Term is indefinite
Have you held this position before?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes, when? _____		
<i>If you have not held this position previously and the bond amount is greater than \$100,000, attach a copy of your resume.</i>	<input type="checkbox"/> copy attached	
Do you or your subordinates handle money or securities?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
If so, how much is handled annually? _____		
Does an external CPA annually audit the financial accounts and fund balances?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<i>If the bond amount is greater than \$250,000, provide copy of latest fiscal year-end statement.</i>	<input type="checkbox"/> copy attached	
Total number of employees you directly or indirectly supervise: _____		

5 **Fiduciary Bonds**

Applicant's Age: _____ Applicant's Net Worth: _____
 How long have you been with your current employer? _____ Active or retired? _____
 Date of your appointment: _____ Name of Estate: _____
 What is your relationship (personal and/or financial) with the deceased/incompetent/minor/beneficiary?
 Are you indebted to the estate of the deceased/incompetent/minor/beneficiary? No Yes
 If Yes, in what amount and what are the terms of repayment: _____
 Attorney's name and address: _____
 Court jurisdiction (Obligee) in which bond will be filed: _____
 Is there an ongoing business? No Yes
 If Yes, provide details: _____
 Inventory of the Assets: Cash: _____ Securities: _____ Real Estate: _____ Other: _____

Attach a copy of the Will, Trust or Court Order for ALL bonds greater than or equal to \$100,000.

5a **Continue for Administrator, Executor, Personal Representatives, etc.**

Date of Death: _____
 Is the estate insolvent? No Yes
 Are there any disputes among the heirs? No Yes

Name of Heirs/Beneficiaries	Age	Relationship to the deceased	Share of the Estate	Residence (state)

5b **Continue for Guardianship, Conservatorship, Trustee, etc.**

This is in regard to a: Minor *and/or* Incompetent Beneficiary Age: _____
 Will any assets be under court restrictions? No Yes
 If Yes, provide details: _____
 Will joint control be used to restrict expenditures or distributions of assets? No Yes
 Will professional accounting, investment or legal services be provided on an ongoing basis? No Yes
 Does the presiding court require that an annual accounting be filed? No Yes
 Is the estimated duration of the bond anticipated to be longer than 3 years? No Yes

6 **Receiver, Bankruptcy Trustee, Assignee Bonds**

Debtor: _____
 Address: _____
 Type of Action: Liquidation Reorganization Receiver of Rents Other
 Do you carry Fidelity coverage? No Yes
 If Yes, in what amount? _____ Carrier: _____
 Do you carry Professional Liability or E & O coverage? No Yes
 If Yes, in what amount? _____ Carrier: _____

Attach copy of Court Order, Judgment and/or other documents Copies attached

7 **Court: Judicial Bonds**

Judgment / Claim Amount: _____
 Type of Action: _____
 Case Number: _____ Court Jurisdiction: _____
 Attorney's name and address: _____
 Summary of the Action: _____
 Does the case involve a domestic dispute? No Yes
 Attach a copy of Court Order, Judgment and/or other supporting documents Copies attached
 If the bond is greater than \$25,000 and the Applicant is a business, attach a copy of the last 2 fiscal year-end financial statements. Copies attached
 If the bond is greater than \$25,000 and the Applicant is an individual, attach a copy of the most recent financial statement. Copies attached

