

# APPLICATION FOR BOND

ATTN: SAM MOORE



<b>Contact Name:</b>	Rick Mena
<b>Contact Ph:</b>	(209) 475-5182
<b>Email:</b>	rick@sanguinettico.com

**BOND INFORMATION: (please attach a copy of a bond or bond form)**

Type of bond:	Amount of bond: \$	Effective date: / /
Obligee Name (who is requiring you to be bonded):		Obligee Phone: ( ) -
Obligee Address: (Street, City, State, Zip)		

**BUSINESS INFORMATION: (if applying only as an individual leave this section blank)**

Company Name: (MUST be EXACTLY as it Appears on License)		<input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sub S Corp <input type="checkbox"/> LLC	
Address: (Street, City, State, Zip)			Business Phone: ( ) -
Date Business Started: / /	Years as Current Owner:	# Of Owners, Partners, Members:	Years Experience in this Field:
Previous Bond Company:	Reason for Changing:	Business Net Worth: \$	Financial Statements Available: <input type="checkbox"/> Yes <input type="checkbox"/> No   CPA Prepared: <input type="checkbox"/>
Name & Branch of Bank:	Account Balance(s) Total: \$	Line of Credit: \$	Federal / Corp Tax ID:

**OWNER / APPLICANT INFORMATION:**

Name:		Social Security #:	Date of birth: / /	Drivers License #
Spouse Name: (enter "not married" if true)		Social Security #:	Date of Birth / /	Home Phone: ( ) -
Residence Address: (Street, City, State, Zip)			Own or Rent <input type="checkbox"/> <input type="checkbox"/>	Balance Owed on Mortgage \$
Estimated Personal Net Worth: \$	Title: (President, VP, Manager, Sole-Proprietor, etc.)			% of Business Ownership

**ADDITIONAL OWNER / APPLICANT INFORMATION:**

Name:		Social Security #:	Date of birth: / /	Drivers License #
Spouse Name: (enter "not married" if true)		Social Security #:	Date of Birth / /	Home Phone: ( ) -
Residence Address: (Street, City, State, Zip)			Own or Rent <input type="checkbox"/> <input type="checkbox"/>	Balance Owed on Mortgage \$
Estimated Personal Net Worth:	Title: (President, VP, Manager, Sole-Proprietor, etc.)			% of Business Ownership

**HAS/DOES THE BUSINESS OR ANY OWNER: (for all "Yes" answers, please attach a full explanation)**

<input type="checkbox"/> Yes <input type="checkbox"/> No   Any Open Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No   Any Previous Surety Bond Claims?
<input type="checkbox"/> Yes <input type="checkbox"/> No   Professional License(s) Have Clean History	<input type="checkbox"/> Yes <input type="checkbox"/> No   Any Past Due Child Support?

The undersigned hereby affirms that all statements made are true and correct and are made to induce Surety to execute or procure the execution of any and all of the bonds described herein and any extensions, modifications, or the renewal thereof, addition thereto, or substitution therefore. Each of the undersigned further affirms that he/she understands the bonds applied for are a credit relationship and hereby authorizes Surety, its agent, or agent's agent to gather such credit information that it considers necessary and appropriate to evaluate whether such credit should be granted.

Signature: \_\_\_\_\_  
Print Name and Title: \_\_\_\_\_

Please Submit Your Application for Bonding to:

**ATTN: Samantha Moore   samantham@VBSbond.com   PH: (888) 278-7389 ext 6705   FX: (623) 933-9376**



## CREDIT CONSENT FORM

### Owner # 1

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
Spouses Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### Owner # 2

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
Spouses Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### Owner # 3

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
Spouses Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### AGREEMENT

Each of the undersigned hereby affirms that the foregoing statements made are answers given are the truth and are made to induce Surety to execute or procure the execution of any and all of the bonds described herein and any extensions, modifications, or the renewal thereof, addition thereto, or substitution therefore. Each of the undersigned further affirms that he/she understands the bonds applied for are a credit relationship and hereby authorizes Surety, its agent, or agent's agent to gather such credit information that it considers necessary and appropriate to evaluate whether such credit should be granted. IN CONSIDERATION of the execution of such bonds, the undersigned hereby, jointly and severally agree, for themselves, their personal representatives, successors and assigns as follows:

1. This is no way to be construed as a promise to provide bonding or insurance.
2. A credit inquiry by VIKING BOND SERVICE, INC. and/or Surety (to include HCC Surety Group) may appear on the credit report or reports of any applicants or owners indicated to be holding ten (10) percent or more of stock in the company or entity for which bonding is being applied for.
3. VIKING BOND SERVICE, INC. will assume that the officer or applicant signing below represents the company or entity requesting bonding, its stockholders holding ten (10) percent or more of stock, and will make credit inquiries accordingly.
4. Whenever used in this instrument, the plural term shall include the singular and the singular shall include the plural, as the circumstances require. If any portion of this Agreement is construed to conflict with any law applicable hereto, such portion of this instrument shall be considered to be deleted and the remainder shall continue in full force and effect.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_ TITLE \_\_\_\_\_ X \_\_\_\_\_ (SPOUSE)

X \_\_\_\_\_ TITLE \_\_\_\_\_ X \_\_\_\_\_ (SPOUSE)

X \_\_\_\_\_ TITLE \_\_\_\_\_ X \_\_\_\_\_ (SPOUSE)

# PERSONAL FINANCIAL STATEMENT

Use of company financial statement forms is not mandatory. They are made available as guides to the types of information needed. Signed statements on comparable bank forms, or on your accountants letterhead, are equally exceptable under most circumstances. Fiscal or year end statements are preferred. Schedules should be completed where they are meaningful. When in doubt, ask your agent about the company's specific requirements for the type of credit which you need.

Financial Statement of \_\_\_\_\_ (Name) SSN \_\_\_\_\_

(Street Address, City, State, Zip)

FINANCIAL CONDITION AS OF \_\_\_\_\_,

ASSETS	AMT(S) ONLY	LIABILITIES	AMT(S) ONLY
<b>Cash on Hand</b> Cash in following banks (Name & Address):		<b>Notes Payable to Banks</b> (Name & Address):	
<b>Stocks and Bonds</b> Listed (Schedule 1) ----- Unlisted (Schedule 1) -----		<b>Other Notes and Accounts Payable</b> Real Estate Loans (Schedule 4) ----- Sales Contracts & Sec. Agreements (Schedule 5) --- Loans on Life Insurance (Schedule 6) -----	
<b>Real Estate</b> Improved (Schedule 4) ----- Unimproved (Schedule 4) ----- Trust Deeds & Mortgages (Schedule 3) -----		<b>Taxes Payable</b> Current Year Income Taxes Unpaid ----- Prior Year Income Taxes Unpaid ----- Real Estate Taxes Unpaid -----	
<b>Life Insurance</b> Cash Surrender Value (Schedule 6) -----		<b>Other Liabilities</b> Unpaid Interest ----- Other (Itemized) -----	
<b>Accounts &amp; Notes Receivable</b> Relatives and Friends (Schedule 2/3)----- Other (Schedule 2/3) ----- Doubtful (Schedule 2/3) -----		<b>TOTAL LIABILITIES:</b>	
<b>Other Personal Property</b> Automobile (Schedule 5) ----- Other (Itemized, Schedule 5) -----		<b>NET WORTH:</b>	
<b>TOTAL ASSETS:</b>		<b>TOTAL LIABILITIES &amp; NET WORTH:</b>	
<b>ANNUAL INCOME</b>		<b>ANNUAL EXPENDITURES</b>	
Salary or Wages -----		Professional Taxes & Assessments -----	
Dividends and Interest -----		Federal & State Income Taxes -----	
Rentals (Gross) -----		Real Estate Loan Payments -----	
Business or Professional Income (Net)-----		Payments on Contracts & Other Notes ---	
Other Income (Describe) -----		Insurance Premiums -----	
		Estimated Living Expenses -----	
		Other _____	
<b>TOTAL INCOME:</b>		<b>TOTAL INCOME:</b>	

To assist the Surety in its evaluation of the above Statement, I hereby certify that all material facts relating to the following conditions are set forth in the attached exhibit(s) incorporated herein by reference: Contingent liabilities as indorser, co-maker or guarantor \$ \_\_\_\_\_  
 Contingent liabilities on leases or contracts \$ \_\_\_\_\_; pledge or hypothecation of assets \$ \_\_\_\_\_;  
 Legal Claims \$ \_\_\_\_\_; Tax Liens \$ \_\_\_\_\_

(S) \_\_\_\_\_

**1. STOCKS AND BONDS**

Name of Security	No. Shares	If Any Pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value

TOTAL: \$

**2. ACCOUNTS RECEIVABLE**

Name and Address (City and Street) From Whom Due	For What is Due	When Sold	When Due	Amount

TOTAL: \$

**3. NOTES RECEIVABLE**

Name and Address (Street and City) for Whom Due	For What Due	How Secure	Date	Maturity	Amount

TOTAL: \$

**4. REAL ESTATE**

Description of Property	Title in name of	Market Value	Cost	Amount Encumbrance	Monthly Payments	Monthly Income

TOTAL: \$                      \$                      \$                      \$

**5. EQUIPMENT**

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment

TOTAL: \$                      \$                      \$

**6. LIFE INSURANCE – CASH VALUE**

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement.

Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_