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COMMERCIAL SURETY BOND APPLICATION

BOND AND OBLIGEE

Type of Bond Requested		Bond Amount \$	Effective Date	
Prior Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Prior Provider	Prior Premium \$	Reason for Change of Provider	
Full Name of Obligee (Party Requiring the Bond)		Does Obligee require their own bond form? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, attach a copy if possible.	
Address		City	State	Zip Code

APPLICANT (COMPANY/BUSINESS INFO)

Company Name (as it is to appear on the bond)		Entity <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____		
Company Address		City	County	State Zip Code
SSN or Tax ID Number	Date Business Started	Phone Number	Fax Number	Email Address

Miscellaneous

Does the business, or any principal involved: 1. have any outstanding collection items or liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanations for fields marked Yes (If a longer explanation is necessary, attach to the end of this document)
Has the business, or any principal involved, ever: 2. failed in business, or declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. had any lawsuits or judgments against them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. had a license or bond cancelled or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. been a party to a surety bond claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Owner Information (must include SSN and Date of Birth)

Full Name (First, Last)		Phone Number	Email Address	
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A	Home Street Address	City	State	ZIP Code
Business Ownership _____ %	Years of Industry Experience	Net Worth \$	SSN	Date of Birth Spouse of
Full Name (First, Last)		Phone Number	Email Address	
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A	Home Street Address	City	State	ZIP Code
Business Ownership _____ %	Years of Industry Experience	Net Worth \$	SSN	Date of Birth Spouse of
Full Name (First, Last)		Phone Number	Email Address	
Current Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A	Home Street Address	City	State	ZIP Code
Business Ownership _____ %	Years of Industry Experience	Net Worth \$	SSN	Date of Birth Spouse of

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CREDIT REPORT CONSENT

The undersigned, who is the owner/officer/related party of the applicant(s) and/or indemnitor(s), requested that this application be submitted to the Company (Continental Casualty Company and its related writing companies Western Surety Company, Surety Bonding Company of America and Universal Surety Company of America) for the purpose of "Underwriting" (determination for acceptability; potential, actual or future pricing; and other related services) of the requested bond/policy. The undersigned authorizes the verification of information provided on such application and consents to the Company's use of undersigned's personal credit history for such Underwriting purpose.

Signed this _____ day of _____, _____.

Signature: _____

Title: _____

TWO EASY WAYS TO COMPLETE THIS APPLICATION — PRINT OR DIGITAL

For PRINT completion:

1. Print this PDF.
2. Complete the application with a black pen by legibly writing your responses in the applicable fields.
3. Use one of the following ways to submit the completed application:
 - a. Scan, then email the pages to bond@getdealerinsurance.com or your assigned underwriter
 - b. Mail the pages to our address (listed above)
 - c. Fax the pages to 817-717-2108

For DIGITAL completion:

1. Download this PDF to your computer.
2. Open the file in a PDF editor, such as Foxit or Adobe Acrobat Reader DC
(available for free here: <https://get.adobe.com/reader/>).
3. Complete the application by typing and clicking your responses in the applicable fields.
4. Save your updated file to your computer by going to File > Save as...
5. Use one of the following ways to submit the completed application:
 - a. Attach the PDF to an email, and send to bond@getdealerinsurance.com or to your agent
 - b. Upload the PDF to the form on <https://getdealerinsurance.com/bonds>

Note: Incomplete applications may result in processing delays.