



Landis Chase Insurance Services, Inc.

Submit To: Gelinda Keo
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NVOCC /OFF Bond Application

Bond Type: <input type="checkbox"/> FMC OTI NVOCC Bond			
Effective Date Needed: _____		BondAmount: \$ _____	
Principal Name: _____ Full legal name as it must appear on the bond.			Tax ID# & SS#: _____
Business Address: _____			
Phone: _____		Fax : () _____	
e-mail: _____			
Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual/Proprietorship State of : _____ List all partners List name			
Additional Offices: <input type="checkbox"/> No <input type="checkbox"/> Yes, List all offices on separate sheet of paper			
Current Bond Agent: _____		Current Surety: _____	
Reason for Switching?: _____			
Number of Years in Business: 2 Yrs. If less than 2 years, provide principal's experience or attach resume.			
List all Names, if any, that you, your partners, or your spouse previously worked under: _____			
HAS ANY BOND PRINCIPAL 1) FILED BANKRUPTCY <input type="checkbox"/> YES <input type="checkbox"/> NO 2) FAILED IN ANY BUSINESS VENTURE <input type="checkbox"/> YES <input type="checkbox"/> NO 3) BEEN THE SUBJECT OF A FEDERAL TAX LIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO 4) INDEMNIFIED OTHERS <input type="checkbox"/> YES <input type="checkbox"/> NO 5) PAID CLAIMS AGAISNT BOND? <input type="checkbox"/> YES <input type="checkbox"/> NO 6). HAVE PENDING CLAIMS AGAISNT BOND? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Principal Owner's Name: (If a partnership, please list all of the owners on the back of this application.): _____		Spouse Name: _____	
Owner's Soc. Sec. No#: _____		Spouse's Soc. Sec. No#: _____	
Principal Owner's Home Address: _____			
Street Address _____ City _____ State _____ Zip Code _____			
INDEMNITY: The undersigned represents that the foregoing statement is true and in consideration of the execution of this bond and as an inducement to such execution by surety, the undersigned agrees to: 1). Indemnify the surety and hold harmless from all loss, contingent loss, liability and/or contingent liability claim, including attorney fees, for which surety or agent shall become liable for shall become continently liable, by reason of having executed this bond and; 2). Pay any premium due for any bond computed according to the rates currently in effect with surety or agent, including renewal premiums, until proof satisfactory to surety is furnished of its discharge from any liability under this bond.			
Signature of Principal: _____			Date: _____
Full Name and Title (Signor must be an officer of the company)			
Please Provide a Current, Year-End Financial Statement, Preferably Audited. Please Note that a Personal and Corporate Indemnity Agreement will be Required, if application is approved.			

FINANCIAL INFORMATION

ALL OWNERS WITH 10% INTEREST OR MORE MUST COMPLETE THE FOLLOWING:

OWNER'S NAME _____ STATEMENT AS OF _____

CASH ON HAND AND IN BANKS		ACCOUNTS PAYABLE	
SAVINGS ACCOUNTS		NOTES PAYABLE TO BANKS AND OTHERS	
IRA OR RETIREMENT ACCT.		INSTALLMENT ACCOUNT (AUTO)	
LIFE INSURANCE – CASH SURRENDER VALUE ONLY		INSTALLMENT ACCOUNT (OTHER)	
STOCKS AND BONDS		LOAN ON LIFE INSURANCE	
REAL ESTATE (COMPLETE SECTION BELOW)		UNPAID TAXES	
AUTOMOBILE – PRESENT VALUE		MORTGAGES ON REAL ESTATE	
ACCOUNTS & NOTES RECEIVABLE		OTHER LIABILITIES	
OTHER PERSONAL PROPERTY		TOTAL LIABILITIES	
OTHER ASSETS		NET WORTH (ASSETS LESS LIABILITIES)	
TOTAL ASSETS		TOTAL NET WORTH & LIABILITIES	

REAL ESTATE OWNED (USE ATTACHEMENT IF NECESSARY TO LIST ALL PROPERTIES OWNED.)

	PROPERTY A	PROPERTY B	PROPERTY C
TYPE OF PROPERTY			
ADDRESS			
DATE PURCHASED			
ORIGINAL COST			
PRESENT MARKET VALUE			
MORTGAGE HOLDER			
MORTGAGE BALANCE			
PAYMENT PER M/Y			

I authorize the surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, character or manner of meeting obligations to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the application in writing. These statements are made for the sole purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information may be found guilty of a criminal and/or civil offense"

Signature: _____

Date: _____

Printed Name: _____