



Lic # 0L01154

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APPLICATION FOR LICENSE, PERMIT, TAX, MISCELLANEOUS BONDS

This document must be encrypted prior to electronic transmission to Pacific Surety.

PRINCIPAL		
Entity	Individual	Partnership
Sole Proprietorship	Corporation	Sub S Corporation
LLC		
Name		
Mailing Address		
City, State, Zip		
Physical Address		
City, State, Zip		
Phone		Fax
Nature of Business		Federal I.D. Number
How long have you been engaged in the business for which this bond is required?		
Have any claims ever been made against bonds you have posted in the past? Yes No (If Yes, please explain on separate sheet.)		
Has Principal or have any of its owners, partners or stockholders ever failed in business, compromised with creditors, been subject of bankruptcy or surety claims proceedings? Yes No (If Yes, please explain on separate sheet.)		
BOND REQUIRED		
Obligee		
Address		
City, State, Zip		
Description of Bond (Attach bond form.)		
Bond Amount \$	Term	Effective Date
Probable length of time bond will run		
GIVE THE FOLLOWING INFORMATION ON EACH OWNER, PARTNER OR STOCKHOLDER		
Name	Social Security #	
Name of Spouse	Social Security #	
Residence Mailing Address		
City, State and Zip		
Residence Physical Address		
City, State and Zip		
Title	% Ownership	
Phone	Years Experience	
Name	Social Security #	
Name of Spouse	Social Security #	
Residence Mailing Address		
City, State and Zip		
Residence Physical Address		
City, State and Zip		
Title	% Ownership	
Phone	Years Experience	
Name	Social Security #	
Name of Spouse	Social Security #	
Residence Mailing Address		
City, State and Zip		
Residence Physical Address		
City, State and Zip		
Title	% Ownership	
Phone	Years Experience	

Please attach additional owner, partner or stockholder information on separate sheet.

Pacific Surety Insurance Agency, Inc.

8777 Gainey Center Dr., Suite 240, Scottsdale, AZ 85258

p: 1-866-PAC-SURE (722-7873) • f: 925-932-6031 • e: contactus@pacificsurety.com • pacificsurety.com

Rev 09/17

Consent to Credit History

ATTACHMENT TO SURETY BOND QUESTIONNAIRE
RE THE OBTAINING AND USE OF PERSONAL CREDIT HISTORY.

The undersigned personal and/or business guarantor(s) acknowledge and recognize that his, her, or its individual or business credit history may be a necessary factor in the evaluation of this personal guarantee. The undersigned hereby consent to, and authorize Pacific Surety Insurance Agency and The Sureties, its agents, assigns, or successors to obtain, at any time, as they deem necessary, a consumer credit report on the undersigned. This authorization shall remain in full force and effect until cancelled in writing by both the undersigned and an authorized representative of The Sureties, its agents, assigns or successors.

1.	<u>Print Name</u>	<u>Signature</u>
	<u>Address</u>	<u>SSN</u>
	<u>City</u>	<u>State</u> <u>ZIP</u>
2.	<u>Print Name</u>	<u>Signature</u>
	<u>Address</u>	<u>SSN</u>
	<u>City</u>	<u>State</u> <u>ZIP</u>
3.	<u>Print Name</u>	<u>Signature</u>
	<u>Address</u>	<u>SSN</u>
	<u>City</u>	<u>State</u> <u>ZIP</u>
4.	<u>Print Name</u>	<u>Signature</u>
	<u>Address</u>	<u>SSN</u>
	<u>City</u>	<u>State</u> <u>ZIP</u>
5.	<u>Print Name</u>	<u>Signature</u>
	<u>Address</u>	<u>SSN</u>
	<u>City</u>	<u>State</u> <u>ZIP</u>