



Atlantic Coast Surety, LLC

1 International Blvd, Mahwah, NJ 07495

Ph 201-252-3060

Fax 201-661-7363

MISCELLANEOUS SURETY BOND APPLICATION

GENERAL INFORMATION

1. Principal: _____

2. Address: _____

3. Phone _____ 4. Fax _____ 5. E-mail _____

6. Contact Person _____ 7. Date Business Started _____ 8. FEIN _____ 9. State of Incorporation _____

10. List of owners, partners, proprietors of your firm:

Owner/Indemnitor #1

Name _____
Full legal name as signed

Home Address _____

Social Security # _____

Date of Birth _____

Spouse _____
Full legal name as signed

Spouse SS # _____

Spouse DOB _____

Owner/Indemnitor #2

Name _____
Full legal name as signed

Home Address _____

Social Security # _____

Date of Birth _____

Spouse _____
Full legal name as signed

Spouse SS # _____

Spouse DOB _____

11. Has your firm or any of its principals/owners ever filed for bankruptcy or failed in business? Yes No If yes, please explain (attach additional page and/or any related documents regarding this item): _____

12. Is your firm or any of its principals/owners currently involved in any litigation? Yes No If yes, please explain (attach additional page and/or any related documents regarding this item): _____

13. Has your firm or any of its principals/owners been declined for a bond? Yes No If yes, please explain (**attach additional page and/or any related documents regarding this item**) : _____

14. Has your firm or any of its principals/owners defaulted on a bond forcing the Surety to suffer a loss? Yes No
If yes, please explain (**attach additional page and/or any related documents regarding this item**) _____

Bond Required

15. Type of Bond _____

16. Amount _____

17. Effective Date _____ 18. Expiration Date _____

19. Oblige (name of entity requesting bond) with address: _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION REGARDING THE BOND (I.E. BOND FORM, LETTER FROM OBLIGEE, COURT DOCS...)

Remarks: _____

The undersigned does hereby authorize Atlantic Coast Surety, LLC and/or its designated Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, or manner of meeting obligations to verify the accuracy of the statements made and to determine 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 This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand false statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Completed by: _____
Title: _____
Date: _____