

BDH ASSOCIATES, INC.
4572 Lawrenceville Hwy, Suite 201
Lilburn, GA 30047
(770) 564-2999 or Toll Free (888) 328-0500
Fax: (770) 564-9327

CODE COMPLIANCE BOND REQUIREMENT

ANNUAL PREMIUM: 1% OF BOND AMOUNT (\$150.00 MINIMUM)

In order to apply for the above bond, please submit the following information:

1. Code Compliance Bond Application (Form Attached)

Please fax above to our office for review.

If you have any questions, please feel free to contact our office.

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APPLICATION FOR CODE COMPLIANCE BOND

Bond Number _____

Licensee's Name _____
(Name on Business License)

Full Business Address _____ County _____

Phone: Office: (_____) _____ Fax: (_____) _____

Home: (_____) _____

Ownership Sole Proprietorship Partnership Corporation LLC Other _____

Year Business Started: _____ Year & State of Incorporation (If Applicable) _____

List all Owners		% of Ownership	Spouse's
Name, Home Address, City, State, Zip, Phone	Title	Soc. Sec. No.	Name

Type of Business or Occupation _____ Estimated Net Worth _____

Amount of Bond: \$ _____ Date of Bond _____, 20____ Term: _____

To Whom is bond given _____ Address _____
(Obligee) _____

Has application for this bonds been made to another company? _____ If yes, give particulars: _____

How long has applicant been in business under current Name and Ownership? _____

Please provide a copy of the bond form to be issued

INSURANCE FRAUD PREVENTION ACT NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Were you referred by your insurance agency? Yes No

If yes, name of your insurance agency: _____

Other referral: _____