

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

**PRIVATE DETECTIVE OR SECURITY AGENCY BOND  
REQUIREMENT**

**ANNUAL PREMIUM: RATES VARY**

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

1. Private Detective or Security Agency Bond Application (Form Attached)
2. Personal Financial Statement of all owners, officers and/or stockholders (Form Attached)
3. Corporate Financial Statement (If new business, please indicate same on application)
4. Indemnity Agreement Information Sheet
5. Original bond form as required by the State
6. Resume of experience to operate a detective or security agency

Please fax all information above to our office for review.

A CREDIT REPORT WILL BE PULLED ON EACH OWNER, OFFICER AND/OR STOCKHOLDER

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

# APPLICATION PRIVATE DETECTIVE AND SECURITY AGENCY BOND

Producer: BDH Associates, Inc Bond Number \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_  
(Show individual name or business name to be shown on bond)

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: Office: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Ownership:  Sole Proprietorship  Partnership  Corporation  S Corporation

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

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

Type of Business or Occupation \_\_\_\_\_ Estimated Net Worth \_\_\_\_\_

Amount of Bond: \$ \_\_\_\_\_ Date of Bond: \_\_\_\_\_, 20\_\_\_\_ Term: \_\_\_\_\_

Obligee's Name & Address \_\_\_\_\_ Address \_\_\_\_\_  
(State or Agency Requiring Bond)

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

Previously Bonded  Yes  No If yes, was bond cancelled?  Yes  No

Do you own real estate?  Yes  No Years of Investigative Experience \_\_\_\_\_

Insurance Protection Carried: Property (Limits) \_\_\_\_\_

Casualty (Limits) \_\_\_\_\_ Name of Carrier \_\_\_\_\_

Have you or any Partner or Officer: 1) Ever Failed in Business?  Yes  No

2) Ever Declared Bankruptcy?  Yes  No 3) Ever Been Arrested?  Yes  No

4) Any Prior or Pending: Lawsuits?  Yes  No Tax Liens?  Yes  No

### 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

Insurance Agency Name: \_\_\_\_\_

Other Referral: \_\_\_\_\_

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**PERSONAL FINANCIAL STATEMENT AS OF :** \_\_\_\_\_, 20\_\_\_\_\_

Name of Individual		Social Security Number		Date of Birth	
Name of Spouse		Social Security Number		Date of Birth	
Residential Address (Street, City, State, Zip Code)				Home Phone Number (Including Area Code)	
<b>ASSETS</b>			<b>LIABILITIES</b>		
Cash in Banks:				Loans Payable (Banks):	
Notes Receivable:				Notes Payable:	
Accounts Receivable:				Accounts Payable:	
Stocks/Bonds/Securities:				Taxes Payable:	
Real Estate (Residence):				Mortgages Payable:	
Real Estate (Investment/Other):				Other Liabilities:	
Cash Value Life Insurance:					
Personal Property:				<b>TOTAL LIABILITIES:</b>	
Other Assets:				<b>NET WORTH:</b>	
<b>TOTAL ASSETS:</b>			<b>TOTAL NET WORTH &amp; LIABILITIES:</b>		
<b>INCOME</b>	Salary: \$		Spouse's Salary: \$		<b>TOTAL INCOME:</b>
	Bonus/Other: \$		Bonus/Other: \$		
<b>SUPPLEMENTARY SCHEDULES OF ASSETS &amp; LIABILITIES</b>					
(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate.)					
<b>CASH IN BANKS</b>					
Bank Name, Branch & Location			Account Number		Amount
<b>NOTES &amp; ACCOUNTS RECEIVABLE</b>					
Name & Address of Debtor		Amount	Due Date	Pledged (yes/no)	Security
<b>STOCKS/BONDS/SECURITIES</b>					
Name & Number(s) of Stock, Bond or Security		No. of Shares	Price/Share	Market Value	Exchange & Call Sign

REAL ESTATE							
Location/Description	Year Acquired	Cost	Market Value	Monthly Income	Monthly Paymen	Mortgage Balance	Mortgage or Lienholder

CASH VALUE OF LIFE INSURANCE				
Name of Insurance	Beneficiary	Face Value	Cash Value	Loans Outstanding

OTHER ASSETS				
Description	Title Holder	Cost	Market Value	Age of Asset

LOANS PAYABLE				
Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured

ACCOUNTS & NOTES PAYABLE (Including Charge Accounts)					
Payable to Whom	Address	Amount	Monthly Payment	Due Date	How Secured

TAXES PAYABLE (State & Federal)		
Description	Amount	Date Payment is Due

OTHER LIABILITIES					
Description	Payable to Whom	Amount	Monthly Payment	Due Date	How Secured

Are you contingently liable or an endorser on any bonds or other obligations?  YES  NO  
 Are you involved in any litigation?  YES\*  NO Have you filed for bankruptcy in the last 7 years?  YES\*  NO  
 \*Explain all "YES" answers on a separate sheet of paper.

I/We hereby certify and declare that the above statements presents accurately my/our financial condition to the best of my/our knowledge and belief and I/we hereby authorize and request any person, firm or corporation requested by BDH Associates, Inc. concerning any transaction with the undersigned; and BDH Associates, Inc. is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the sole purpose of securing suretyship, co-suretyship and/or reinsurance.

By: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

# INDEMNITY AGREEMENT INFORMATION SHEET

ALL BLANKS MUST BE COMPLETED

## I COMPANY INFORMATION

Legal Name of Company \_\_\_\_\_  
Address of Company \_\_\_\_\_  
\_\_\_\_\_(County)\_\_\_\_\_  
Year Business Started: \_\_\_\_\_ Type of Business or Occupation \_\_\_\_\_  
Federal ID #: \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Year of Incorporation \_\_\_\_\_  
Ownership:  Sole Proprietorship  Partnership  Corporation  LLC  
Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
If Corporation: President \_\_\_\_\_  
Corporate Secretary \_\_\_\_\_

## II STOCK HOLDER'S, OWNER'S, PARTNER'S & OR MEMBER'S PERSONAL INFORMATION

Legal Name of Owner \_\_\_\_\_ Title: \_\_\_\_\_  
Legal Name of Owner's Spouse \*\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_  
Owner's Social Security #: \_\_\_\_\_ Spouse's Social Security #: \_\_\_\_\_  
Owner's Date of Birth: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

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Legal Name of Owner \_\_\_\_\_ Title: \_\_\_\_\_  
Legal Name of Owner's Spouse \*\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_  
Owner's Social Security #: \_\_\_\_\_ Spouse's Social Security #: \_\_\_\_\_  
Owner's Date of Birth: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

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Legal Name of Owner \_\_\_\_\_ Title: \_\_\_\_\_  
Legal Name of Owner's Spouse \*\* \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_  
Owner's Social Security #: \_\_\_\_\_ Spouse's Social Security #: \_\_\_\_\_  
Owner's Date of Birth: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

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**\*\* Spouses name must be shown if married – if not married, please write single.**

# PERSONAL RESUME

Principal: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

## PERSONAL DATA

Date of Birth \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouses Employer, Address, Position & Length of  
Employment \_\_\_\_\_

## EDUCATION

Did you Graduate from High School? Yes No (please circle one)

College - \_\_\_\_\_ to \_\_\_\_\_ Name & Address of College: \_\_\_\_\_

Special Education relating to Construction and/or to your type of profession:

Business and professional Experience relating to construction and/or your type of profession:

From: \_\_\_\_\_ Job Title: \_\_\_\_\_

To: \_\_\_\_\_ Job Duties: \_\_\_\_\_

From: \_\_\_\_\_ Job Title: \_\_\_\_\_

To: \_\_\_\_\_ Job Duties: \_\_\_\_\_

## PERSONAL REFERENCES:

Name	Address	Phone	Time Known	Relationship
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Name	Address	Phone	Time Known	Relationship
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Name	Address	Phone	Time Known	Relationship
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USE REVERSE SIDE FOR ADDITIONAL INFORMATION