

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

**DOT RIGHT OF WAY PERFORMANCE BOND REQUIREMENT**

**ANNUAL PREMIUM: 2.5% OF BOND AMOUNT**

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

1. License & Permit 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. Original bond form provided by DOT - DOT will not accept copies
5. Provide address of DOT office that will be handling your bond
6. General Indemnity Information Sheet

Please fax all information above to our office for review.

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

If bond is approved, an indemnity agreement will be forwarded to you for signature. In order to issue the bond, the original application and indemnity agreement must be forwarded to our office with the premium. We must also be provided with the original DOT bond form – DOT will not accept anything but their original form.

**THREE YEARS OF PREMIUM MUST BE PAID INITIALLY**  
**FIRST YEAR IS FULLY EARNED – YEARS TWO AND THREE WILL BE PRORATED IF A RELEASE**  
**IS PROVIDED PRIOR TO THE END OF THE THIRD YEAR.**

**AFTER YEAR THREE, PREMIUM CONTINUES TO BE DUE ANNUALLY UNTIL RELEASED BY**  
**DOT. OBTAINING THIS RELEASE IS YOUR RESPONSIBILITY AS IS PAYMENT OF THE ANNUAL**  
**PREMIUM UNTIL THE RELEASE IS RECEIVED.**

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



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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)

ASSETS		LIABILITIES	
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>	

INCOME	Salary: \$ _____	Spouse's Salary: \$ _____	TOTAL INCOME:
	Bonus/Other: \$ _____	Bonus/Other: \$ _____	\$ _____

### SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate.)

#### CASH IN BANKS

Bank Name, Branch & Location	Account Number	Amount

#### NOTES & ACCOUNTS RECEIVABLE

Name & Address of Debtor	Amount	Due Date	Pledged (yes/no)	Security

#### STOCKS/BONDS/SECURITIES

Name & Number(s) of Stock, Bond or Security	No. of Shares	Price/Share	Market Value	Exchange & Call Sign

<b>REAL ESTATE</b>							
Location/Description	Year Acquired	Cost	Market Value	Monthly Income	Monthly Pavmen	Mortgage Balance	Mortgage or Lienholder

  

<b>CASH VALUE OF LIFE INSURANCE</b>				
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding

  

<b>OTHER ASSETS</b>				
Description	Title Holder	Cost	Market Value	Age of Asset

  

<b>LOANS PAYABLE</b>				
Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured

  

<b>ACCOUNTS &amp; NOTES PAYABLE (Including Charge Accounts)</b>					
Payable to Whom	Address	Amount	Monthly Payment	Due Date	How Secured

  

<b>TAXES PAYABLE (State &amp; Federal)</b>		
Description	Amount	Date Payment is Due

  

<b>OTHER LIABILITIES</b>					
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

## 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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