

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

MISCELLANEOUS BOND REQUIREMENT

ANNUAL PREMIUM: VARIES DEPENDING ON TYPE OF BOND

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

1. License & Permit or Miscellaneous Bond Application (Form Attached)
2. Supplemental Questions
3. Personal Financial Statement of all owners, officers and/or stockholders (Form Attached)
4. Corporate Financial Statement (If new business, please indicate same on application)
5. Original bond form as required by the State
6. Resume of experience in field applicable to bond being applied for
7. Indemnity Agreement 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 you have any questions, please feel free to contact our office.

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APPLICATION FOR A LICENSE AND PERMIT OR MISCELLANEOUS BOND

Bond No.
Amount \$
Premium \$
Agent BDH Associates, Inc.

• GENERAL INFORMATION •

Bond Description:	
Applicant's Name and Address: _____ (Show individual name or business name to be shown on bond)	Social Security No Or FEI:
Applicant's Phone Numbers: E-Mail Address: _____ Home: (____) _____ Business: (____) _____ Fax: (____) _____	Occupation or Business:
Obligee's Name and Address: _____ (State & Agency Requiring Bond)	
Bond Amount (If open penalty, so state) \$	Estimated Net Worth of Applicant
Effective Date:	\$
Have you applied to any other surety company for this bond? _____ Have you previously been bonded by another surety? _____ If so, give full particulars: _____ Have you ever failed in business? _____ Are there any judgments against you or suits pending? _____	

• BUSINESS INFORMATION •

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

Description of Applicant's Business:		
How long engaged therein?		
INSURANCE	LIMITS	CARRIER
Workmen's Compensation: <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Public Liability: <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Property Damage: <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Other: <input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

Do you own real estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you or any Partner or Officer:			1) Ever Failed in Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Ever Declared Bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3) Ever Been Arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Any Prior or Pending: Lawsuits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tax Liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Corporate Financial Statement and Personal Financial Statement of each owner must be provided.

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: _____

SUPPLEMENTAL QUESTIONS FOR LICENSE AND PERMIT APPLICATION

1. Does the applicant have any Surety bonds in force with other carriers? Yes No
2. Has another Surety company declined to write this or any previous bond For the applicant? Yes No
3. Has the applicant ever had a bond involuntarily terminated or cancelled? Yes No
4. Has there ever been a claim or legal action against any bond executed on behalf of the applicant? Yes No
5. Does the applicant or any companies owned by or related to the applicant have any pending lawsuits, unsatisfied judgment or liens? Yes No
6. Has the applicant or any companies owned by or related to the applicant declared bankruptcy or become insolvent? Yes No
7. Has the applicant or any companies owned by or related to the applicant been the subject of a legal or administrative proceeding resulting in disciplinary action? Yes No
8. Has the applicant ever been convicted of a felony? Yes No
9. Has the application continuously been in business under the current name and ownership for at least 3 years? Yes No
10. If the applicant is a business, has the applicant been in business at the same location for at least 3 years? Yes No
11. Does the applicant carry any insurance that affirmatively responds to the bonded obligation? Yes No
12. Does the bond guarantee the performance of a specific contract or agreement? Yes No
13. Does the bond cover any type of environmental or pollution exposure? Yes No
14. Does the bond guarantee the payment of taxes, fees, wages or payment of any type? Yes No

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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:		TOTAL LIABILITIES:			
Other Assets:		NET WORTH:			
TOTAL ASSETS:		TOTAL NET WORTH & LIABILITIES:			
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

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 Co.	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: _____

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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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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USE REVERSE SIDE FOR ADDITIONAL INFORMATION

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: _____

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: _____

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: _____
