

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

MORTGAGE BROKER/LENDER BOND REQUIREMENT

ANNUAL PREMIUM: VARIES BASED ON QUALIFICATION

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

1. Mortgage Broker/Lender 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. Complete copy of State Mortgage Broker/Lender License Application
5. Indemnity Agreement Information sheet (Form Attached)

IF YOU ARE CURRENTLY LICENSED AS A MORTGAGE BROKER, PLEASE BE SURE YOU ENTER YOUR LICENSE NUMBER ON THE APPLICATION. IF JUST APPLYING FOR YOUR LICENSE, YOU MUST FORWARD YOUR LICENSE NUMBER WHEN YOU GET IT.

Please fax all information above to our office for review.

ALL OF THE ABOVE REQUESTED INFORMATION MUST BE RECEIVED IN ORDER TO CONSIDER YOUR APPLICATION

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 signed indemnity agreement must be forwarded to our office with the premium.

NOTE: A COMPLETE COPY OF YOUR STATE MORTGAGE BROKER/LENDER LICENSE APPLICATION MUST BE SUBMITTED

APPLICATION MORTGAGE BROKER/LENDER BOND

Producer: BDH Associates, Inc Bond Number _____

Name to be on Bond: _____ Federal Tax ID# _____
(List individual name or business name that will appear on bond)

Business Address: _____

City, State, Zip: _____ County: _____

Home Address: _____

City, State, Zip: _____ County: _____

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

Home: (____) _____ E-mail address: _____

Ownership: Sole Proprietorship Partnership Corporation LLC

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: _____

State agency requiring bond: (Obligee) _____ Address: _____

If licensed in State bond is being applied for, please give your License No: _____

List all states in which you currently hold a Mortgage Broker or Lender License: _____

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

How long has applicant been a Mortgage Broker or in an associated field? _____

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

Do You Service any Loans? Yes No; If yes, what is you volume? \$ _____

Do you have a warehouse line? Yes No; If yes, attach details on each line.

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

Name of your Insurance Agency: _____

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)

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 Pavmen	Mortgage Balance	Mortgage or Lienholder

CASH VALUE OF LIFE INSURANCE				
Name of Insurance Company	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: _____

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: _____

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