

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

## **SCRAP TIRE CARRIER BOND REQUIREMENT**

### **ANNUAL PREMIUM: VARIES DEPENDING ON TYPE OF BOND**

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

1. License & Permit or Miscellaneous 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 as required by the State
5. Resume of experience in field applicable to bond being applied for
6. Indemnity Information Sheet
7. Please provide written statement on daily policies & procedures. If you will pick up tire, who will be your clients and how will you dispose of the tires.

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.

**BDH Associates, Inc.**

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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:	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 •**

<b>List all Owners</b>		% 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?		
<b>INSURANCE</b>	<b>LIMITS</b>	<b>CARRIER</b>
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	1) Ever Failed in Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any Partner or Officer:		2) Ever Declared Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Any Prior or Pending: Lawsuits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3) Ever Been Arrested?	<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: \_\_\_\_\_

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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

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

<b>CASH VALUE OF LIFE INSURANCE</b>				
Name of Insurance Co.	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: \_\_\_\_\_

# 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: \_\_\_\_\_  
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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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