

**BDH ASSOCIATES, INC.**  
4572 Lawrenceville Hwy., Suite 201  
Lilburn, GA 30047  
(770) 564-2999 or Toll Free (888) 3280500  
Fax: 770-564-9327

## **USED CAR & PARTS DEALER BOND REQUIREMENTS**

### **ANNUAL PREMIUM: VARIES BASED ON QUALIFICATIONS**

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

1. Used Car & Parts Dealer Bond Application (Form Attached)
2. Complete supplemental questions
3. Personal financial statement for all owners, officers and/or stockholders (Form Attached)
4. Corporate Financial Statement (if new business please indicate on application)
5. Resume of owners and key personnel showing experience in operating a Used Car Dealership
6. Indemnity Agreement Information Sheet (Form Attached)

Please forward all information outlined 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 paperwork must be forwarded to our office with the premium.

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**Lilburn, GA 30078**  
**(770) 564-2999 FAX: 770-564-9327**

|             |
|-------------|
| Bond No.    |
| Amount: \$  |
| Premium: \$ |
| Agent:      |

**APPLICATION FOR USED CAR AND PARTS DEALER BOND**

• GENERAL INFORMATION •

|   |  |
|---|--|
| Bond Description:   |  |
| Applicant's Name:   | FEI # or SSN:  |
| Applicant's Address (Street, City, State, Zip):                                     | Occupation:  |
| Applicant's Contact Information: e-mail address: _____                              |  |
| Business Phone: ( ) - Facsimile # - - Home Phone: ( ) -                             |  |
| Obligee's Name (the regulatory agency requiring the bond):                          |  |
| Obligee's Address (Street, City, State, Zip):                                       |  |
| Bond Amount: (if open penalty, so state: \$   | Applicant's Net Worth: \$                                |
| Effective Date of Bond:   | Date business began:                                     |
| Have you applied to any other surety for this bond?                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you previously been bonded by another surety?                                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, provide details (Name of Surety, dates, why you are applying to BDH, etc.): |  |
| _____   |  |

• BUSINESS INFORMATION •

|   | Owner's Name<br>Physical Home Address | Date of Birth<br>SSN | % of Ownership<br>Title | Spouse's Name<br>Spouse's SSN |
|---|---------------------------------------|----------------------|-------------------------|-------------------------------|
| 1 |                                       | - -                  | %                       | - -                           |
| 2 |                                       | - -                  | %                       | - -                           |
| 3 |                                       | - -                  | %                       | - -                           |

| <b>Describe of Applicant's Business:</b>   |        |   |  |
|--|--------|---|--|
| <b>How long have owners been involved in this type of business?</b>  |        |   |  |
| Insurance  | Limits | Insurance Company   |  |
| Workmen's Comp: <input type="checkbox"/> YES <input type="checkbox"/> NO   | \$     |   |  |
| General Liability: <input type="checkbox"/> YES <input type="checkbox"/> NO  | \$     |   |  |
| Property Damage: <input type="checkbox"/> YES <input type="checkbox"/> NO  | \$     |   |  |
| Other Insurance:   | \$     |   |  |
| Does the applicant own any real estate? <input type="checkbox"/> YES <input type="checkbox"/> NO   |        |   |  |
| Has any owner ever failed in business? <input type="checkbox"/> YES <input type="checkbox"/> NO  |        | Any owner ever been arrested for a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO     |  |
| Any owner ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO   |        | Any owner have any pending or prior tax liens? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| Does the applicant or any owner have any pending or prior lawsuits? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, attached detailed explanation) |        |   |  |

**Attach last year-end business financial statement and current personal financial statement for each owner**

**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 Agent?  YES  NO If yes, Name of Agency: \_\_\_\_\_  
 Other Referral: \_\_\_\_\_

## USED CAR DEALER SUPPLEMENTAL APPLICATION

1. Number of years in business as current entity: \_\_\_\_\_
2. Years of Experience as Used Car Dealer: \_\_\_\_\_
3. Estimated Average number of Cars to be sold per month: \_\_\_\_\_
4. Has any person with 20% or more ownership in the corporation ever had a license suspended or revoked in this or any other state? Yes  No
5. Has any person with 20% or more ownership in the corporation ever had any lawsuits, judgments, liens or claims against them? Yes  No
6. Has any prior surety company ever paid a claim, cancelled, refused renewal, or denied an application for any person with 20% or more ownership in the corporation? Yes  No   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Business License Number: \_\_\_\_\_
8. Number of years in current location: \_\_\_\_\_
9. Has the Applicant ever operated under another business name? Yes  No   
If so, what name? \_\_\_\_\_
10. Does Applicant have ownership interests in other dealerships? Yes  No   
If yes, please provide details on a separate page
11. Number of Dealer Tags? \_\_\_\_\_
12. Estimated Annual Sales. \$ \_\_\_\_\_

# 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: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
Ownership:  Proprietorship  Partnership  Corporation  LLC  
Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
If Corporation: President: \_\_\_\_\_  
Corporate Secretary: \_\_\_\_\_

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

Full Legal Name of Owner: \_\_\_\_\_ Title: \_\_\_\_\_  
Full 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: \_\_\_\_\_

-----  
Full Legal Name of Owner: \_\_\_\_\_ Title: \_\_\_\_\_  
Full 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: \_\_\_\_\_

-----  
Full Legal Name of Owner: \_\_\_\_\_ Title: \_\_\_\_\_  
Full 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.**

**PERSONAL RESUME**

(USE REVERSE SIDE FOR ADDITIONAL INFORMATION)

Full Legal Name: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Home Address (include county) \_\_\_\_\_

**PERSONAL DATA**

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

Place of Birth \_\_\_\_\_, \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**EDUCATION**

Did you Graduate from High School?  NO  YES H.S. Name: \_\_\_\_\_

College: From \_\_\_\_\_ to \_\_\_\_\_ Name & location of College: \_\_\_\_\_

Degree / Major / Minor: \_\_\_\_\_

List all Special Education relating to your profession: \_\_\_\_\_

Employment History (From High School graduation to present – use additional sheets if necessary):

From: \_\_\_\_\_ Employer / City & State: \_\_\_\_\_ / \_\_\_\_\_

To: \_\_\_\_\_ Job Title & Duties: \_\_\_\_\_

From: \_\_\_\_\_ Employer / City & State: \_\_\_\_\_ / \_\_\_\_\_

To: \_\_\_\_\_ Job Title & Duties: \_\_\_\_\_

From: \_\_\_\_\_ Employer / City & State: \_\_\_\_\_ / \_\_\_\_\_

To: \_\_\_\_\_ Job Title & Duties: \_\_\_\_\_

From: \_\_\_\_\_ Employer / City & State: \_\_\_\_\_ / \_\_\_\_\_

To: \_\_\_\_\_ Job Title & Duties: \_\_\_\_\_

From: \_\_\_\_\_ Employer / City & State: \_\_\_\_\_ / \_\_\_\_\_

To: \_\_\_\_\_ Job Title & Duties: \_\_\_\_\_

**PERSONAL REFERENCES:**

\_\_\_\_\_  
Name Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Years Known Relationship

\_\_\_\_\_  
Name Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Years Known Relationship

\_\_\_\_\_  
Name Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Years Known Relationship

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

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## PERSONAL FINANCIAL STATEMENT AS OF : \_\_\_\_\_, \_\_\_\_\_

|  |                               |  |
|--|-------------------------------|--|
| Full Legal Name of Applicant (Individual)                                    | Social Security Number<br>- - | Date & Place of Birth<br>/ / - ,                 |
| Full Legal Name of Spouse  | Social Security Number<br>- - | Date & Place of Birth<br>/ / - ,                 |
| Residential Address (Street, City, State, Zip Code – <b>NO BOX NUMBERS</b> ) |                               | Home Phone Number (Including Area Code)<br>( ) - |
| Applicant's Employer:  |                               | Position:  |
| Spouse's Employer:   |                               | Spouses Work Phone: ( ) -                        |

| ASSETS   |           | LIABILITIES                               |           |
|--|-----------|---|-----------|
| Cash in Banks:   | \$        | Loans Payable (Banks):                    | \$        |
| Notes and Loans 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 (Furniture, Appliances, Clothing):   | \$        | <b>TOTAL LIABILITIES:</b>                 | <b>\$</b> |
| Other Assets (Vehicles, Artwork, Guns, Jewelry, Etc.): | \$        | <b>NET WORTH:</b>                         | <b>\$</b> |
| <b>TOTAL ASSETS:</b>                                   | <b>\$</b> | <b>TOTAL NET WORTH &amp; LIABILITIES:</b> | <b>\$</b> |

|                        |                 |                     |                             |
|------------------------|-----------------|---------------------|-----------------------------|
| <b>MONTHLY INCOME:</b> | Your Salary: \$ | Spouse's Salary: \$ | Monthly Household Expenses: |
|                        | Bonus/Other: \$ | Bonus/Other: \$     | \$                          |

### SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

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

|  |                     |                |                  |                      |
|--|---------------------|----------------|------------------|----------------------|
| <b>I. CASH IN BANKS</b>                            |                     |                |                  |                      |
| Bank Name, Branch & Location                       | Type of Account     | Account Number | Balance          |                      |
|  |                     |                | \$               |                      |
|  |                     |                | \$               |                      |
|  |                     |                | \$               |                      |
|  |                     |                | \$               |                      |
|  |                     |                | \$               |                      |
| <b>II. NOTES, LOANS &amp; ACCOUNTS RECEIVABLE</b>  |                     |                |                  |                      |
| Name & Address of Debtor                           | Amount              | Due Date       | Pledged (yes/no) | Security             |
|  | \$                  |                |                  |                      |
|  | \$                  |                |                  |                      |
|  | \$                  |                |                  |                      |
|  | \$                  |                |                  |                      |
|  | \$                  |                |                  |                      |
| <b>III. STOCKS / BONDS / SECURITIES</b>            |                     |                |                  |                      |
| Name & Call letters of Stocks, Bonds or Securities | No. of Shares Owned | Price/Share    | Market Value     | Exchange & Call Sign |
|  |                     | \$             | \$               |                      |
|  |                     | \$             | \$               |                      |
|  |                     | \$             | \$               |                      |
|  |                     | \$             | \$               |                      |
|  |                     | \$             | \$               |                      |

| IV. REAL ESTATE  |               |      |              |                |                 |                  |                         |
|--|---------------|------|--------------|----------------|-----------------|------------------|-------------------------|
| Description<br>(residential, commercial, industrial, farm, etc.) | Year Acquired | Cost | Market Value | Monthly Income | Monthly Payment | Mortgage Balance | Mortgage or Lien Holder |
|  |               | \$   | \$           | \$             | \$              | \$               |                         |
|  |               | \$   | \$           | \$             | \$              | \$               |                         |
|  |               | \$   | \$           | \$             | \$              | \$               |                         |
|  |               | \$   | \$           | \$             | \$              | \$               |                         |
|  |               | \$   | \$           | \$             | \$              | \$               |                         |
|  |               | \$   | \$           | \$             | \$              | \$               |                         |

| V. LIFE INSURANCE         |             |            |            |                    |
|---------------------------|-------------|------------|------------|--------------------|
| Name of Insurance Company | Beneficiary | Face Value | Cash Value | Loans Outstanding? |
|                           |             | \$         | \$         | \$                 |
|                           |             | \$         | \$         | \$                 |
|                           |             | \$         | \$         | \$                 |

| VI. OTHER ASSETS (Vehicles, Artwork, Guns, Jewelry, Etc. - other than Furniture, Appliances & Clothing listed as Personal Property.) |                   |      |              |               |                |
|--|-------------------|------|--------------|---------------|----------------|
| Description  | Title/Lien Holder | Cost | Market Value | Date Acquired | Balance Owning |
|  |                   | \$   | \$           |               | \$             |
|  |                   | \$   | \$           |               | \$             |
|  |                   | \$   | \$           |               | \$             |
|  |                   | \$   | \$           |               | \$             |
|  |                   | \$   | \$           |               | \$             |
|  |                   | \$   | \$           |               | \$             |

| VII. LOANS & NOTES PAYABLE (Other than those listed in IV, V, VI or VIII) |                      |                |                 |             |
|---|----------------------|----------------|-----------------|-------------|
| Name of Lender  | Address (City/State) | Balance Owning | Monthly Payment | How Secured |
|   | ,                    | \$             | \$              |             |
|   | ,                    | \$             | \$              |             |
|   | ,                    | \$             | \$              |             |
|   | ,                    | \$             | \$              |             |

| VIII. ACCOUNTS PAYABLE, Including Charge Accounts (Do not include ordinary household expenses) |         |        |                 |               |             |
|--|---------|--------|-----------------|---------------|-------------|
| Payable to Whom  | Address | Amount | Monthly Payment | Maturity Date | How Secured |
|  |         | \$     | \$              |               |             |
|  |         | \$     | \$              |               |             |
|  |         | \$     | \$              |               |             |
|  |         | \$     | \$              |               |             |
|  |         | \$     | \$              |               |             |

| IX. TAXES PAYABLE (State & Federal) |                |                  |                       |
|-------------------------------------|----------------|------------------|-----------------------|
| Description                         | Amount Payable | Date Payment Due | Are Taxes in Dispute? |
|                                     | \$             |                  |                       |
|                                     | \$             |                  |                       |

| X. OTHER LIABILITIES (Not listed above) |                 |        |                 |          |             |
|---|-----------------|--------|-----------------|----------|-------------|
| 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  
 Do you have any TAX LIENS filed against you?  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: \_\_\_\_\_  
 Applicant Spouse