

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

## **UTILITY DEPOSIT BOND REQUIREMENT**

**ANNUAL PREMIUM: 5% OF BOND AMOUNT (\$150. MINIMUM)**

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

1. Utility Deposit 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. Indemnity Agreement Information Sheet
5. Copy of required bond form

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 paperwork must be forwarded to our office with the premium.

**BDH Associates, Inc.**  
**4572 Lawrenceville Hwy, Suite 201**  
**Lilburn, GA 30078**  
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Bond No.
Amount \$
Premium \$
Agent BDH Associates, Inc.

**APPLICATION FOR A LICENSE AND PERMIT OR MISCELLANEOUS BOND**

• 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: Home: (____) _____ Business: (____) _____ Fax: (____) _____ E-Mail Address: _____	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?			
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 APPLICATION FOR**  
**UTILITY DEPOSIT BONDS**

In order to complete the processing of your application, we need the following information:

Obligee's Name: \_\_\_\_\_  
Agency Requiring Bond

Obligee's Address: \_\_\_\_\_  
\_\_\_\_\_

Service Location Address: \_\_\_\_\_  
\_\_\_\_\_

Utility Account Number: \_\_\_\_\_

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

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

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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	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: \_\_\_\_\_