

BOND APPLICATION

Northland Auto Dealers Insurance Agency
 850 East Cliff Road | Burnsville, MN 55337
 Ph: 800-879-3433 | Fax: 952-894-8990
 www.HelpingDealers.com



Type of Bond Requested:				State:		Bond Amount:	
Obligee (Entity requiring bond)		Address		City		State	Zip
Business Name (Must be EXACTLY as it would appear on license)						State License Number	
Physical Location Address		City	State	Zip	Phone Number		
Mailing Address (if different from physical)		City	State	Zip	Fax Number		
					Cell Number		
Business is a: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC				County		Date Business Formed	
Number of Shareholders, Partners or Members?		How long in business under name listed above?		How many years experience?		FEIN No.	
Has anyone signing this application as indemnitor ever been in business under a different name?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Previous Name:	
Has anyone signing this application as indemnitor ever had a claim filed against them, their company or their bonding company?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
I hereby certify and affirm that I originally obtained my License on ____/____/____.						<input type="checkbox"/> New in Business	
I also affirm that I have been continuously licensed and in business from that date present.							
General / Garage Liability Carrier			General / Garage Liability Expiration Date				
Will day to day operations be run by one of the indemnitors?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If No, by whom? _____	
Or will day-to-day operations be run solely by a manager?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, manager must complete indemnitor information below.	
BOND INFORMATION	Requested Effective Date		Term: <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Other (Please specify): _____				
Previous Bonding Company	Amount Paid	Any Prior Surety Paid Bond Losses under current name or any previous entity? If yes, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No					
PERSONAL INFORMATION OWNER #1	Individual's Name			US Citizen?	Social Security #	Date of Birth	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Residence Address		City	State	Zip	Home Phone Number		
How long at residence: Years/Months		<input type="checkbox"/> Own <input type="checkbox"/> Renting Apt <input type="checkbox"/> Buying <input type="checkbox"/> Renting House	Current Market Value of Primary Residence		Mortgage Balance		
MUST COMPLETE IF MARRIED #1	Individual's Name			US Citizen?	Social Security #	Date of Birth	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Closest living relative not living in your household		City	State	Zip	Home Phone Number		
PERSONAL INFORMATION OWNER #2	Individual's Name			US Citizen?	Social Security #	Date of Birth	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Residence Address		City	State	Zip	Home Phone Number		
How long at residence: Years/Months		<input type="checkbox"/> Own <input type="checkbox"/> Renting Apt <input type="checkbox"/> Buying <input type="checkbox"/> Renting House	Current Market Value of Primary Residence		Mortgage Balance		
MUST COMPLETE IF MARRIED #2	Individual's Name			US Citizen?	Social Security #	Date of Birth	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Closest living relative not living in your household		City	State	Zip	Home Phone Number		

****IF PARTNERSHIP, CORPORATION OR LLC AND THERE ARE MORE THAN TWO PARTNERS, SHAREHOLDERS, MEMBERS, SPOUSES, OR MANAGERS, PHOTOCOPY AND COMPLETE FOR ALL****

I UNDERSTAND THAT UPON SUBMISSION OF THIS APPLICATION, A CREDIT REPORT WILL BE ORDERED AND USED FOR UNDERWRITING PURPOSES