



NICHOLAS A.HANLEY LIC#: W062005

## LICENSE & PERMIT BOND APPLICATION

**Note: If applying for an ARC or Seller of Travel bond-see attached Rider.**

**Please Note:** This application is for individual applicants or individual owners of a corporation. If applicant wishes to use a corporate indemnity only, prior approval is necessary. All information requested in this application must be complete for Applicant and 3rd Party Indemnitors. Include full business names(s), full legal names of all owners, partners or stock holders, Social Security numbers, complete street addresses with zip codes and phone numbers with area codes.

### PLEASE TYPE OR PRINT LEGIBLY

Individual          Partnership          LLC          Corporation          Sub-S Corporation

If a Corporation, list State and Year: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ or TAX Id: \_\_\_\_\_

Nature of Applicant's Business: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Name of Obligee (who is requiring bond): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Bond: \_\_\_\_\_ Bond Amount: \_\_\_\_\_

Prior Surety: \_\_\_\_\_ Name of Surety: \_\_\_\_\_

Effective Date of Cancellation: \_\_\_\_\_ Why Cancelled? \_\_\_\_\_



### BUSINESS BANKING INFORMATION

Name of Bank: \_\_\_\_\_ Name of Your Bank Officer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Year with Bank: \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Savings Acct. # \_\_\_\_\_  
Do you have a line of Credit? \_\_\_\_\_ Amount: \_\_\_\_\_ Date Opened: \_\_\_\_\_

**Please Note:** This is an application for a surety bond. This is **NOT** an insurance policy. All applicants will be required to repay the surety company if there is loss, default or any expenses incurred by the surety company.

### ACCOUNTING INFORMATION

Name of Firm: \_\_\_\_\_ Accountant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Year End: \_\_\_\_\_  
How often are financial statements prepared? \_\_\_\_\_

**Business Ownership:** List all owners, partners and stock holders below. If bonded entity is a corporation, list the President and Secretary, even if they do not own stock.

1. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer (if other than this business): \_\_\_\_\_  
Position in Co.: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_  
Bank Reference (personal): \_\_\_\_\_ Account Numbers: \_\_\_\_\_

2. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_



Employer (if other than this business): \_\_\_\_\_

Position in Co.: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

Bank Reference (personal): \_\_\_\_\_ Account Numbers: \_\_\_\_\_

3. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer (if other than this business): \_\_\_\_\_

Position in Co.: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Employer: \_\_\_\_\_

Bank Reference (personal): \_\_\_\_\_ Account Numbers: \_\_\_\_\_

Has any Owner, Partner or Officer ever:

Been convicted of a felony? \_\_\_\_\_ Filed Bankruptcy? \_\_\_\_\_

Had any prior or pending IRS tax liens? \_\_\_\_\_ Have any prior or pending lawsuits? \_\_\_\_\_

Had a claim made against any prior surety bond? (If yes, explain): \_\_\_\_\_



**PERSONAL FINANCIAL STATEMENT**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

No. of Dependents: \_\_\_\_\_ Bus. or Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Account No.: \_\_\_\_\_

**Statement of Applicant's Assets and Liabilities as of (Date):** \_\_\_\_\_

ASSETS		LIABILITIES	
Cash (Including Savings):		Notes Payable:	
Stocks and Bonds:		Credit Card Balance:	
Notes Receivable:		All Taxes Payable:	
Real Estate (Fair mkt. Value):		Mortgages Payable:	
All Other Assets:		All Other Liabilities:	
Total Assets:		Total Liabilities:	
Net worth (Total Assets - Total Liabilities):			



**INDEMNITY AGREEMENT**

The undersigned, hereinafter called the Indemnitor(s) (if there be more than one Indemnitor they jointly and severally and for each other do) hereby undertake, represent, warrant and agree as follows:

That the foregoing statements made and answers given in the submitted application are the truth without reservation, and are made for the purpose of inducing the surety, hereinafter referred to as the Company, to execute or procure the execution of a certain bond or undertaking herein applied for. That this Agreement shall apply to the bond or undertaking herein applied for, and any and all extensions, increases, modifications or renewals thereof, or additions or substitutions therefore, any and all such instruments separately and collectively being hereinafter called the Bond. That the Indemnitor(s) shall pay all premiums and renewal premiums as may become due until the Company shall be discharged and released from any and all liability and responsibility under the Bond. That the Indemnitor (s) shall at all times indemnify, save the Company harmless from, and place the Company in funds to meet any claim, demand, loss, liability, costs, charge, attorney's fee, expense, suit order, judgment, or adjudication arising from the existence of the Bond. That if the Company shall set up a reserve to cover any claim, demand, loss, liability cost, charge, attorney's fee, expense, suit, order judgment or adjudication arising from the existence of the Bond the Indemnitor(s) shall, immediately upon demand, deposit with the Company a sum of money equal to such reserve, such sum to be held by the Company as collateral security for the Bond obligation. That the Company shall have exclusive right to determine for itself and the Indemnitor(s) whether any claim or suit brought against the Company or the Principal, as a result of the existence of the Bond, shall be settled or defended and its decision shall be binding and conclusive upon the Indemnitor(s). That this Agreement shall bind the heirs, executors, administrators, successors and assigns of the Indemnitor(s). That nothing herein contained shall be in derogation of any right remedy which the Company might have independently hereof.

*\*NOTE: By submitting an application for consideration of a Surety bond, you are authorizing Jurisco, Inc. and the Company to review your personal and/or business credit history for the purposes of underwriting and from time-to-time after the initial bond(s) have been issued.*

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

Signed and dated this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**IF APPLICANT is an INDIVIDUAL, Sign here:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**IF APPLICANT is a CORPORATION, LIMITED LIABILITY COMPANY or a PARTNERSHIP, Sign here:**  
(Personal "Third Party Indemnity" of a major shareholder, managing member or partner is required below.)

Signature: \_\_\_\_\_

(Authorized person Corporate Officer or Managing Partner)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**IF THIRD PARTY INDEMNITOR(S), Sign here:**

In consideration of Surety executing the bond here in above applied for, I join in the forgoing indemnity agreement:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address (Street, City, State & Zip Code): \_\_\_\_\_



**RIDER  
ARC AND SELLERS OF TRAVEL BONDS**

- |                                                                                                              |     |    |
|--------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Do you sell or are you affiliated with any individual or company that sells pre-paid travel certificates? | Yes | No |
| 2. Do you engage in Telemarketing?                                                                           | Yes | No |
| 3. Do you utilize direct marketing?                                                                          | Yes | No |
| 4. Do you advertise or conduct any travel related business via the internet?                                 | Yes | No |
| 5. Do you own or have interests in hotels, motels, resorts, etc.?                                            | Yes | No |

If yes, please give details. \_\_\_\_\_

6. Please explain your marketing efforts. \_\_\_\_\_
7. Please list all of your office locations and dates opened. \_\_\_\_\_
8. Do you plan to open any more office or branch locations? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**9. IMPORTANT:** Please provide copies of your solicitation materials and certificates.