

# Cannabis Bond Application



## Zip Bonds Insurance Agency - California License #6005943

3737 Woodland Ave - Suite 505

West Des Moines, IA 50266

(888) 435-4191

ZipBonds.com

### I. BUSINESS INFORMATION

Business name: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Firm address: \_\_\_\_\_

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

Web site: \_\_\_\_\_

State of incorporation: \_\_\_\_\_ Year started: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Cannabis License Type:      Cultivation      Distribution      Manufacturing      Other:

Do you have any outstanding Liens or Judgements against you or your business:      yes      no

Have you or any business you've owned filed bankruptcy :      yes      no

Do you have any current legal sanctions or pending lawsuits against you or your business:      yes      no

### II. OFFICER INFORMATION

List all Owners, Proprietors, Partners and Officers of the firm (List additional owners on separate pages):

1 Full Name: \_\_\_\_\_ Pct. Owned: \_\_\_\_\_ % Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

1 Position: \_\_\_\_\_ Since: \_\_\_\_\_ Home Address: \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

2 Full Name: \_\_\_\_\_ Pct. Owned: \_\_\_\_\_ % Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

2 Position: \_\_\_\_\_ Since: \_\_\_\_\_ Home Address: \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporation in order to confirm and verify information referred to or listed on this application.