

Auto Dealer Bond Application



Zip Bonds LLC

Zip Bonds Insurance Agency – California License #6005943 | New York License # PC 1743726

3737 Woodland Ave - Suite 505

West Des Moines, IA 50266

(888) 435-4191

ZipBonds.com

I. BUSINESS INFORMATION

Business name: _____

Applicant name: _____ E-mail address: _____

Business address: _____

Phone: _____

Web site: _____

State of incorporation: _____ Year started: _____

Tax ID: _____

Type of Dealer : New Used Other

Do you have any outstanding Liens or Judgements against you or 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 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/DL#: _____
Position: _____ Since: _____ Home Address: _____
Spouse Full Name: _____ Spouse Date of Birth: _____ Spouse SSN: _____

2 Full Name: _____ Pct. Owned: _____ % Date of Birth: _____ SSN/DL#: _____
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.

Other information

I hereby grant permission for Zip Bonds LLC to run a credit report in accordance with the insurance companies underwriting guidelines

Date

Signature _____