

General Bond Application



Zip Bonds LLC
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: _____

Specific Bond Needed:

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/DL#: _____
Position: _____ Since: _____ Home Address: _____
Spouse Full Name: _____ Spouse Date of Birth: _____ Spouse SSN: _____
Is the applicant(s) a U.S. Citizens? Yes No

2 Full Name: _____ Pct. Owned: _____ % Date of Birth: _____ SSN/DL#: _____
Position: _____ Since: _____ Home Address: _____
Spouse Full Name: _____ Spouse Date of Birth: _____ Spouse SSN: _____
Is the applicant(s) a U.S. Citizens? Yes No

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