**FMCSA BOND APPLICATION**

|  |
| --- |
| Full Legal Name of Company: Projected Annual Revenue:            |
| **[ ]** Sole Ownership -[ ]  Partnership - [ ] Corporation - [ ] LLC |
| Full Business Address, City, State:       | Phone:       | Fax:       |
| E-mail:       | Country or State of Incorporation:       |
| Type of Bond: **FMCSA** | IRS #:      | MC#       orFF#       | Term:**Continuous** | Amount:      | Effective Date:      |
| Has application for this bond been declined by another company? If yes, state particulars      |
| If prior Surety, give name and reason for change:       |
| Has the business or any other principal involved: | Yes | No | If any answer is yes, attach a detailed statement |
| a. Had any lawsuits or judgments against them? |  [ ]  |  [ ]  |
| b. Ever failed in business or declared Bankruptcy? |  [ ]  |  [ ]  |
| c. Ever been convicted of a felony? |  [ ]  |  [ ]  |
| d. Ever had their license suspended, revoked or denied? |  [ ]  |  [ ]  |
| e. Ever been a party to a surety bond claim? |  [ ]  |  [ ]  |
| f. Does the owner own any real estate? |  [ ]  |  [ ]  |  |

Info for all owners to complete – Please include information for parent company as well

|  |  |  |  |
| --- | --- | --- | --- |
|  Name/Title: |       Date of Birth:       | Social Security #: |        |
|  Spouse: |        | Social Security #: |        |
| % ownership: |        | # years owned business: |        | # years of experience in this industry: |        |
| Full Home Address, City, State:       | Balance of Mortgage: |        |
| Fair market value of home: |        |

|  |  |  |  |
| --- | --- | --- | --- |
|  Name/Title: |       Date of Birth:       | Social Security #: |        |
|  Spouse: |        | Social Security #: |        |
| % ownership: |        | # years owned business: |        | # years of experience in this industry: |        |
| Full Home Address, City, State:      | Balance of Mortgage: |        |
| Fair market value of home: |        |

|  |  |  |  |
| --- | --- | --- | --- |
|  Name/Title: |       Date of Birth:       | Social Security #: |        |
|  Spouse: |        | Social Security #: |        |
| % ownership: |        | # years owned business: |        | # years of experience in this industry: |        |
| Full Home Address, City, State:      | Balance of Mortgage: |        |
| Fair market value of home: |        |

**Please send completed application to EPIC Insurance Brokers and Consultants**

**Lorena Sanchez:** Lorena.Sanchez@epicbrokers.com **Adam Green:** Adam.Green@epicbrokers.com