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**FMCSA BOND APPLICATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Legal Name of Company: | | | | | | | | | |
| Sole Ownership - Partnership - Corporation - LLC | | | | | | | | | |
| Business Address | | | | Phone: | | | | Fax: | |
| E-mail: | | | Country or State of Incorporation: | | | | | | |
| Type of Bond: **FMCSA** | IRS #: | MC#       or  FF# | | 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? | | | |  |  | |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name/Title: |  | | | | | | Social Security #: | |  | |
| Spouse: |  | | | | | | Social Security #: | |  | |
| % ownership: | |  | # years owned business: |  | | # years of experience in this industry: | | | |  |
| Address: | | | | | Balance of Mortgage: | | |  | | |
| Fair market value of home: | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name/Title: |  | | | | | | Social Security #: | |  | |
| Spouse: |  | | | | | | Social Security #: | |  | |
| % ownership: | |  | # years owned business: |  | | # years of experience in this industry: | | | |  |
| Address: | | | | | Balance of Mortgage: | | |  | | |
| Fair market value of home: | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name/Title: |  | | | | | | Social Security #: | |  | |
| Spouse: |  | | | | | | Social Security #: | |  | |
| % ownership: | |  | # years owned business: |  | | # years of experience in this industry: | | | |  |
| Address: | | | | | Balance of Mortgage: | | |  | | |
| Fair market value of home: | | |  | | |

APPLICANT ACKNOWLEDGES THAT CREDIT DATA MAY BE ACCESSED FOR THE UNDERWRITING OF THIS BOND.

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***Compensation Disclosure to Clients***

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EPIC may also receive from Insurers and/or Intermediaries other forms of compensation, such as incentive or contingency payments or commissions, supplemental commissions, bonuses, wholesale or co-brokerage commissions, service fees or allowances, each of which may be based on a variety of factors, including, but not limited to, the overall volume of premiums with such party for a certain period; the overall growth, persistency and/or retention of the premiums with such party for a certain period; and, in certain cases, the profitability of the total premium paid to such party for insurance policies placed for EPIC’s clients for a certain period (i.e., aggregate loss history on the insurance policies placed for EPIC’s clients).

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