**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#       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? | | | |  |  | |
| 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](mailto:Lorena.Sanchez@epicbrokers.com) **Adam Green:** [Adam.Green@epicbrokers.com](mailto:Adam.Green@epicbrokers.com)