



Universal Service Agency, Inc.
 501 Office Center Drive, Suite 128
 Ft. Washington, PA 19034-3208
 (215) 646-2400 phone
 (800) 646-2401 phone
 (215) 646-4275 fax
sales@universalbonds.com
www.universalbonds.com

SELF INSURED WORKER'S COMPENSATION BOND APPLICATION

Applicant: _____

Address: _____
 Street City State Zip

Nature of applicant's business: _____

The applicant is: _____ Corporation _____ Partnership _____ Sole Proprietorship
 Chartered under the laws of the State of _____

Is applicant a subsidiary, division, or branch of a parent company? _____ yes _____ no

If yes, please complete the following in reference to the parent company:

Name of Parent Company: _____

Address: _____
 Street City State Zip

Claims Administrator: _____

Address: _____
 Street City State Zip

Contact person: _____ Telephone: _____ Fax: _____

How long has the applicant been self-insured? _____ Anniversary date: _____

From which surety was the account previously obtaining their bond? _____

Why are they leaving that surety? _____

Total amount of security deposit required by the state? \$ _____

Bond amount requested: \$ _____

Total outstanding loss reserves (currently valued) for self-insured period for each state: \$ _____

 Signature Date

 Print Name and Title

- In addition to this application, attach:**
- 1) **Two years of audited financial statements**
 - 2) **If a publicly traded company, include annual and 10-K reports for the last 2 years**
 - 3) **Summary of loss runs**
 - 4) **State specific bond form**
 - 5) **Provide evidence of your excess coverage**



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Your signature on this consent form and completion of the attached application constitutes permission for Universal Service Agency, Inc. to obtain consumer information which will be used to determine bonding eligibility. **This information will be held in the strictest confidence.**

Applicant's signature Print applicant's name Date

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