



**PRELIMINARY MISCELLANEOUS
BOND APPLICATION
INCOMPLETE DATA
MAY RESULT IN A DELAY IN SURETY REVIEW**

501 Office Center Drive, Suite 128
Ft. Washington, PA 19034-3208
(215) 646-2400
(800) 646-2401 Toll Free
(215) 646-4275 FAX
sales@universalbonds.com

| | | | |
|--|--|--------------------------------|----------------------|
| 1. AGENT/BROKER INFORMATION | Agent/Broker Name _____ | Phone # _____ | Fax # _____ |
| Address: _____ | | | |
| 2. BOND INFORMATION | Type of Bond (Attach Bond Form) _____ | Amount: \$ _____ | Effective Date _____ |
| Obligee (NOT YOUR COMPANY NAME -- The entity that requested that you obtain the bond) _____ | | | |
| Obligee's Address - this is a must! Street _____ Phone # () _____ City _____ State _____ Zip _____ | | | |
| 3. BUSINESS INFORMATION | Company Name (Must be exactly as it is to appear on bond) _____ | | |
| Company Address Street _____ Phone # () _____ City _____ State _____ Zip _____ Fax # () _____ | | | |
| Name of President: _____ Name of Corporate Secretary: _____ | | | |
| <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC | Have you been in business greater than three years? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what year was your company formed? _____ | Nature of your business: _____ | |
| From which surety were you previously obtaining your bond? _____ | | | |
| Why are you leaving that surety? _____ | | | |
| Owner's names: _____ % of Ownership: _____ Social Security Number: _____ | | | |
| Name _____ % Spouse's Name: _____ | | | |
| Residence Address Street _____ Phone # () _____ City _____ State _____ Zip _____ | | | |
| Are you the Trustee, Trustor or Beneficiary of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No Ever Failed in Business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name _____ % Spouse's Name: _____ | | | |
| Residence Address Street _____ Phone # () _____ City _____ State _____ Zip _____ | | | |
| Are you the Trustee, Trustor or Beneficiary of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No Ever Failed in Business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

This is a preliminary application only. Upon approval, but prior to the release of any bond, your original signature will be required on a surety-specific application. Spousal indemnity may also be a condition. Personal credit information will be obtained on any principal owning 7% or more in the company. Completion of this application grants authority to obtain a personal credit report.



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

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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