



# FLORIDA SURETY BONDS, INC.

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www.FloridaSuretyBonds.com

## Financially Responsible Officer Bond Application\*

<b>1. AGENT/BROKER INFORMATION</b>	<b>Agency/Broker:</b> FloridaSurety Bonds, Inc	<b>Producer</b> Sonja Harris	<b>Email</b> Sonja@FloridaSuretyBonds.com	<b>Phone #:</b> (407)786-7770	<b>Fax:</b> (407)786-7766
<b>2. BOND INFORMATION</b>	<b>Type of Bond:</b> Financially Responsible Officer		<b>Amount of Bond:</b>	<b>Effective Date:</b>	
<b>Obligee Name:</b>		<b>Obligee Address:</b>		<b>Expiration Date (if other than one year):</b>	
<b>3. BUSINESS INFORMATION</b>	<b>Company Name (Must be exactly as it appears on bond):</b>			<b>Business Phone #:</b>	
<b>Company Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Business Net Worth:</b> \$
<b>Nature of Business:</b>	Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/>	<b>Date Formed (Corp. or LLC):</b>	<b># of Owners, Partners or Members:</b>	<b>How Long in Business?</b>	
<b>Previous Bonding Company:</b>	<b>Reason for Changing Bonding Company (MO applicants DO NOT answer this question):</b>				
<b>4. PERSONAL INFORMATION</b>	<b>Applicant's Name:</b> (Qualifier)		<b>Social Security #:</b>	<b>Date of Birth:</b>	
<b>Spouse's Name:</b>			<b>Social Security #:</b>	<b>Date of Birth:</b>	
<b>Residence Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Estimated Personal Net Worth:</b> \$
<b>Are you the Trustee, Trustor Or Beneficiary of any Trust?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ever Declared Bankruptcy?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pending or Prior IRS Liens?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Any Lawsuits Pending Against You?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Ever declined for Bonding previously? (MO applicants DO NOT answer this question)</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. PERSONAL INFORMATION</b>	<b>Company Officer Information Name:</b>		<b>Social Security #:</b>	<b>Date of Birth:</b>	
<b>Spouse's Name:</b>			<b>Social Security #:</b>	<b>Date of Birth:</b>	
<b>Residence Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Estimated Personal Net Worth:</b>

*\*Completion of this form constitutes permission for Florida Surety Bonds, Inc. to obtain consumer information which will be used to determine eligibility. Additional information may be required at the discretion of underwriter.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_