



30 SOUTH ROAD • FARMINGTON, CT 06032

TELEPHONE: (860) 415-8400 • FAX: (860) 404-5394 • EMAIL: bonds@acstarins.com

MISCELLANEOUS SURETY APPLICATION PLEASE PRINT OR TYPE

COMPANY NAME		TELEPHONE NO.	FAX NO.
ADDRESS		CITY	STATE ZIP CODE
FORM OF BUSINESS (CHECK ONE) <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUB CHAPTER		NATURE OF OPERATIONS: TAX ID NUMBER:	
GEOGRAPHIC AREA OF OPERATION		STATES IN WHICH LICENSED TO DO BUSINESS	<input type="checkbox"/> UNION <input type="checkbox"/> NON-UNION
DATE BUSINESS ESTABLISHED	DATE INCORPORATED	NAME OF PREDECESSOR COMPANY	DATE CURRENT MANAGEMENT ASSUMED OWNERSHIP

OWNERS

NAME AND ADDRESS	SOCIAL SECURITY	DATE OF BIRTH	POSITION	PERCENT OWNED	YEARS OF EXPERIENCE		NAME OF SPOUSE
					HERE	OTHER	
NAME							
ADDRESS							
CITY							
NAME							
ADDRESS							
CITY							
NAME							
ADDRESS							
CITY							

PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES

NAME	ADDRESS	OWNED BY	SCOPE OF OPERATION

BUSINESS HISTORY

HAVE ANY OF THE ABOVE OWNERS EVER BEEN, OR ARE NOW, AN OWNER, PARTNER, OR STOCKHOLDER IN ANY OTHER BUSINESS? NO YES IF YES COMPLETE THE FOLLOWING:

COMPLETE NAME OF OTHER BUSINESS	ADDRESS	NAME OF OWNER	% OF BUSINESS OWNED

PRESENT SURETY NAME	CONTACT	TELEPHONE NO	REASON FOR CHANGING
PRIOR SURETY NAME	CONTACT:	TELEPHONE NO	REASON FOR CHANGING
HAS YOUR COMPANY OR ANY OFFICER, OWNER OR SPOUSE EVER FAILED IN BUSINESS OR COMPROMISED WITH CREDITORS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR COMPANY OR ANY OFFICER, OWNER OR SPOUSE EVER FAILED TO COMPLETE A CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR ANY OFFICER, OWNER OR SPOUSE EVER FAILED TO QUALIFY FOR A BOND AFTER AN AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAS YOUR BOND CREDIT EVER BEEN TERMINATED BY A SURETY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ACTING AS A SURETY OR INDEMNITOR FOR OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ACTING AS GUARANTOR FOR OTHERS ON THEIR NOTES OR ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES YOUR COMPANY OR ANY OFFICER OR ANY OWNER OWE ANY MONEY TO A BONDING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR COMPANY OR ANY OFFICER OR OWNER EVER REQUIRED ANY FINANCIAL ASSISTANCE OR BORROWED ANY MONEY FROM A BONDING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

HAS THE FIRM OR ANY PREDECESSOR FIRM OR ANY OFFICER OR OWNER OR THEIR SPOUSE EVER DECLARED BANKRUPTCY EITHER PERSONALLY OR CORPORATELY? YES NO (IF YES GIVE DETAILS) _____

ANY PRIOR OR CURRENT LITIGATION (COMPANY, OFFICER, OWNER)? YES NO (IF YES, GIVE DETAILS) _____

ANY TAX LIENS (COMPANY, OFFICER, OWNER)? YES NO (IF YES, GIVE DETAILS) _____

IF YOUR COMPANY IS UNION, ARE UNIOIN BENEFIT PAYMENTS CURRENT? YES NO (IF NO, GIVE DETAILS) _____

ATTACH CURRENT FINANCIAL STATEMENT AND/OR CURRENT FEDERAL INCOME TAX RETURN. REFERENCES OPTIONAL

THE REPRESENTATIONS CONTAINED IN THIS APPLICATION AND IN THE FINANCIAL STATEMENTS ARE WARRANTED BY THE APPLICANT TO BE TRUE.

DATED: _____ (X) _____
SIGNATURE

(X) _____
TYPE OR PRINT SIGNATURE



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**BOND REQUEST FORM
 COMMERCIAL SURETY**

PLEASE TYPE OR PRINT CLEARLY

*Complete the items below fully & without abbreviations **exactly** the way they should appear on the bond*

PRINCIPAL NAME

ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.
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OBLIGEE NAME

CONTACT PERSON	DIRECT PHONE NO.	DIRECT FAX NO.
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ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.
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AGENT NAME

ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.
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Is a Specific Bond Form Required? Yes No If yes, please attach a copy of the form.

DATE OF BOND	BOND PENALTY
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SELECT APPROPRIATE BOND FORM TYPE

TYPE I	TYPE II	TYPE III
<input type="checkbox"/> CONTINUOUS BOND FORM <input type="checkbox"/> CONTINUATION CERTIFICATE NEEDED AT RENEWAL <input type="checkbox"/> INDEFINITE TERM	<input type="checkbox"/> DEFINITE TERM (TO BE RENEWED ANNUALLY) _____ / _____ / _____ EXPIRATION DATE <input type="checkbox"/> NEW BOND NEEDED AT RENEWAL <input type="checkbox"/> CONTINUATION CERTIFICATE NEEDED AT RENEWAL	<input type="checkbox"/> DEFINITE TERM (ONE TIME BOND WITH DEFINITE EXPIRATION DATE) _____ / _____ / _____ EXPIRATION DATE

DESCRIPTION OF BOND OBLIGATION:

DELIVERY INSTRUCTIONS:

FEDERAL EXPRESS ACCOUNT NUMBER:

DATE	PREPARED BY	TELEPHONE NO.	FAX NO.
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 SIGNATURE DATE

OFFICE USE ANNUAL PREMIUM _____ % \$ _____	COLLATERAL REQUIRED _____ % \$ _____	NOTICE OF CANCELLATION _____ DAYS NON CANCELABLE _____
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(Rev. 10/00)

➔ INCOMPLETE DATA MAY DELAY THE EXECUTION OF YOUR BOND

Rev. (12/2013)