

Automobile Dealers Bad Credit Surety Bond Application All States

A BOND INFORMATION									
TYPE OF BOND Automobile Dealer	NEW <input checked="" type="checkbox"/>	USED <input type="checkbox"/>	BOND AMOUNT	EFFECTIVE DATE	TERM OF BOND	PRIOR BOND? Yes No			
BOND TO BE FILED WITH (OBLIGEE)			STREET ADDRESS OF OBLIGEE						
CITY			STATE			ZIP			
B BUSINESS INFORMATION									
COMPANY NAME (EXACTLY AS IT APPEARS ON BOND)			BUSINESS PHONE		HOW LONG UNDER CURRENT OWNERSHIP? _____ YRS. _____ MOS.				
DESCRIBE TYPE OF BUSINESS					NUMBER OF YEARS EXPERIENCE				
COMPANY ADDRESS			CITY		STATE		ZIP		
PRIOR OR CURRENT BOND WITH:	HOW LONG	BOND NO.		REASON FOR CHANGE					
COMPANY IS A: - SOLE PROPRIETORSHIP - PARTNERSHIP - LLC - LLP - CORPORATION; DATE INCORPORATED: / /				IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS					
BANK NAME (BUSINESS ACCOUNT)			STREET ADDRESS						
CITY			STATE		ZIP	PHONE			
CHECKING ACCOUNT NO.		BALANCE	SAVINGS ACCOUNT NO.		BALANCE				
HAVE YOU, YOUR SPOUSE OR CO. EVER FAILED IN ANY BUSINESS VENTURE? YES NO				BEEN INVOLVED IN ANY DISPUTE WHERE A LAWSUIT OR LIEN WAS FILED? YES NO					
BEEN A PRINCIPAL OR INDEMNITOR ON A BOND WHICH A CLAIM WAS BROUGHT? YES NO				BEEN SUBJECT TO A FEDERAL TAX LIEN? YES NO					
DECLARED BANKRUPTCY? YES NO				IF "YES" TO ANY OF THESE QUESTIONS, ATTACH A DETAILED EXPLANATION					
CREDIT REFERENCES WITH WHOM YOU DO BUSINESS									
NAME		ADDRESS			CITY, STATE, ZIP		PHONE		
NAME		ADDRESS			CITY, STATE, ZIP		PHONE		
C PERSONAL INFORMATION FOR APPLICANT, STOCKHOLDERS AND INDEMNITORS									
INDIVIDUAL'S NAME		DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LIC. NO./STATE			
HOME ADDRESS		CITY	STATE	ZIP	HOME PHONE	OWN HOUSE HOW LONG? MONTHLY RENT APT. _____ YEARS _____ MOS. \$ _____			
PREVIOUS ADDRESS		CITY		STATE		ZIP			
EMPLOYER		CITY	STATE	ZIP	WORK PHONE	LENGTH OF EMPLOYMENT _____ YEARS _____ MONTHS			
SPOUSE'S NAME		DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LIC. NO./STATE			
SPOUSE'S EMPLOYER		CITY	STATE	ZIP	WORK PHONE	LENGTH OF EMPLOYMENT _____ YEARS _____ MONTHS			
DATE HOME PURCHASED	PURCHASE PRICE	CURRENT MARKET PRICE		PRESENT LOAN BALANCE (\$)	LOAN NO.	MONTHLY PAYMENT (\$)			
NAME OF BANK (PERSONAL ACCOUNT)				BANK ADDRESS		CHECKING ACCT. NO. _____ BALANCE _____ SAVINGS ACCT. NO. _____ BALANCE _____			
NEAREST RELATIVE/NAME		ADDRESS			CITY	STATE	ZIP	RELATIONSHIP	PHONE

Completion of this application constitutes permission to obtain consumer information which will be used to determine bonding eligibility. _____ - Signature

Fraud Statement "Any Person who knowingly and with intent to injure, defraud, or deceive and insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

**All PREMIUMS ARE EARNED IN FULL
 FOR MORE INFORMATION CALL 800-361-1720**



SOUTH COAST SURETY

The Bond Only Agency

1031 Calle Recodo, Suite D
San Clemente, CA 92673
surety@southcoastsurety.com
www.southcoastsurety.com
(949) 361-1692 Fax (949) 361-9926
DOI Lic# 0B57612

PERSONAL FINANCIAL STATEMENT

IMPORTANT: Read these directions before completing this Statement.

If you are applying for individual credit in your own name and are relying on your income or assets and not the income or assets of another person as the basis for repayment of the credit requested. Complete only Sections 1 and 3.

If you are applying for Joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.

If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections, providing information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying.

If this statement relates to your guaranty of the indebtedness of other person(s), firm(s) or corporation(s), complete Sections 1 and 3.

TO: **SOUTH COAST SURETY** INSURANCE SERVICES, INC.

SECTION 1 - INDIVIDUAL INFORMATION (Type or Print)		SECTION 2 - OTHER PARTY INFORMATION (Type or Print)	
Name		Name	
Residence Address		Residence Address	
City, State & Zip		City, State & Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF _____, 19____			
ASSETS (Do not include Assets of doubtful value)	In Dollars (Omit Cents)	LIABILITIES	In Dollars (Omit Cents)
Cash on hand and in banks		Notes payable to banks - secured	
U.S. Gov't. & Marketable Securities - See Schedule A		Notes payable to banks - unsecured	
Non-Marketable Securities - See Schedule B		Due to brokers	
Securities held by broker in margin accounts		Amounts payable to others - secured	
Restricted or control stocks		Amounts payable to others - secured	
Partial interest in Real Estate Equities - see Schedule C		Accounts and bills due	
Real Estate Owned - see Schedule D		Unpaid income tax	
Loans Receivable		Other unpaid taxes and interest	
Automobiles and other personal property		Real estate mortgages payable - see Schedule D	
Cash value life insurance - see Schedule E		Other debts - Itemize	
Net value of business - if not included above			
Other assets - Itemize			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIAB. AND NET WORTH	

SOURCES OF INCOME FOR YEAR ENDED _____,	PERSONAL INFORMATION
SALARY, BONUSES & COMMISSIONS \$	Do you have a will? _____ if so, name of executor.
Dividends	
Real estate income	Are you a partner or officer in any other venture? If so, describe.
Other income (Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe.
	Are any assets pledged other than as described on schedules? If so, describe.
TOTAL \$	Income tax settled through (date)
CONTINGENT LIABILITIES	Are you a defendant in any suits or actions?
Do you have any contingent liabilities? If so, describe	Personal bank accounts carried at:
As indorser, co-maker or guarantor? \$	
On leases or contracts? \$	Have you ever been declared bankrupt? If so, describe.
Other special debt? \$	
Amount of contested income tax liens? \$	

SCHEDULE A - U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares Or Face Value (Book)	Description	In Name Of	Are These Pledged?	Market Value

SCHEDULE B - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

SCHEDULE C - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type Of Property	Title In Name Of	% Of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D - REAL ESTATE OWNED

Address & Type Of Property	Title In Name Of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name of Insurance Company	Owner Of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F - BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address Of Lender	Credit In The Name Of	Secured Or Unsecured	Original Date	High Credit	Current Balance

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or Corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your or your assigns favor. Each undersigned understands that you or your assigns are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You and your assigns are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (Individual) _____

S.S. No. _____ Date of Birth _____

Signature (Other Party) _____

S.S. No. _____ Date of Birth _____

Date Signed _____ 19____



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Motor Vehicle Dealer Bond Applicant:

Please be advised that the Department of Motor Vehicles is very specific as to the exact wording and punctuation in the name on your Motor Vehicle Dealer Bond. They will reject a bond for missing personal, corporate or dba names. They will reject a bond for missing periods, commas, hyphens, etc. They may also impose penalty fees for delays in processing your paperwork due to a rejected bond.

Therefore, we require all bond applicants to verify with the DMV the exact wording and punctuation required in the name on the bond before we process your application.

If we execute a bond for you and a rider is subsequently required to correct the name on the bond, we will require prepayment of a \$35.00 rider processing fee prior to executing and releasing the rider. Any rider required due to an error in our processing of the bond will not incur a fee.

I understand and agree to the above terms required for the processing of my application.

Applicant name: _____



Wording exactly as it is to appear on the bond Verified with DMV

By: _____

Applicant signature

Date: _____