



HCC Surety Group
Application for License, Permit and Miscellaneous Bonds

AGENT USE ONLY
BOND NUMBER

A BOND INFORMATION

TYPE OF BOND		BOND AMOUNT	REQUESTED EFFECTIVE DATE / /
BOND TO BE FILED WITH (OBLIGEE)		ADDRESS OF OBLIGEE	
Does the Applicant have any other Surety bonds in force? Has another Surety Company declined to write this or any previous bond? Have you ever had a bond involuntarily terminated or cancelled?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If you answered YES to any of the questions above, please attach a detailed explanation.</i>

B BUSINESS INFORMATION

COMPANY NAME (MUST BE EXACTLY AS IT IS TO APPEAR ON BOND)			BUSINESS PHONE
ADDRESS			BUSINESS FAX
CITY/ STATE/ ZIP			COMPANY TAX ID NUMBER
PRIOR BOND OR CURRENT BOND WITH	HOW LONG	BOND NUMBER	REASON FOR CHANGE
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/ LLP	IF CORPORATION, DATE INCORPORATED / /	IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS <i>(complete section C for all stockholders with over 10% interest)</i>	
DESCRIBE TYPE OF BUSINESS	LICENSE NUMBER (if applicable)	NUMBER OF YEARS EXPERIENCE	HOW LONG UNDER CURRENT OWNERSHIP?
BUSINESS ACCOUNT BANK NAME	BANK ADDRESS		BANK PHONE NUMBER
BUSINESS CHECKING ACCOUNT NUMBER	ACCOUNT BALANCE	BUSINESS SAVINGS ACCOUNT NUMBER	ACCOUNT BALANCE
CREDIT REFERENCES WITH WHOM YOU DO BUSINESS			
NAME	ADDRESS	PHONE NUMBER	
NAME	ADDRESS	PHONE NUMBER	
Have you been involved in a dispute where there was a lawsuit or lien was filed? Have you been subject to a federal or state tax lien?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered YES to any of the questions above, please attach a detailed explanation.</i>			

C PERSONAL INDEMNITOR INFORMATION

INDIVIDUAL'S FIRST NAME/ MIDDLE NAME/ LAST NAME		DRIVER'S LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<input type="checkbox"/> Own <input type="checkbox"/> House <input type="checkbox"/> Rent <input type="checkbox"/> Apartment	HOW LONG?	MONTHLY PAYMENT(S)	EMAIL ADDRESS	
HOME ADDRESS/CITY/ STATE/ ZIP			HOME/ MOBILE PHONE	
EMPLOYER NAME		WORK PHONE	LENGTH OF EMPLOYMENT	
EMPLOYER ADDRESS		EMPLOYER CITY/ STATE/ ZIP		
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated	SPOUSE FIRST NAME/ MIDDLE NAME/ LAST NAME	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
SPOUSE EMPLOYER NAME		WORK PHONE	LENGTH OF EMPLOYMENT	
SPOUSE EMPLOYER ADDRESS		SPOUSE EMPLOYER CITY/ STATE/ ZIP		
DATE HOME PURCHASED / /	PURCHASE PRICE	CURRENT MARKET VALUE	PRESENT LOAN BALANCE(S)	LOAN NUMBER
PERSONAL ACCOUNT BANK NAME		BANK ADDRESS	BANK PHONE NUMBER	
PERSONAL CHECKING ACCOUNT NUMBER	ACCOUNT BALANCE	PERSONAL SAVINGS ACCOUNT NUMBER	ACCOUNT BALANCE	
NEAREST RELATIVE NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER	
Have you, your spouse, or company ever : failed in any business venture? declared bankruptcy? been a principal or indemnitor on a bond which a claim was brought? subject to a federal or state tax lien?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a guarantor for a third party liability? Have you ever been convicted of a felony? Are any of your assets in Trust(s)? <i>If you answered YES to any of the questions above, please attach a detailed explanation.</i>	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No