

SHORT FORM BOND APPLICATION

	Company Yes / No	Owner or partner Yes / No
• Ever failed to complete a job?		
• Every declared personal or corporate bankruptcy?		
• Been delinquent in paying taxes?		
• Been denied bonding in the past 3 years?		
• Involved in a claim with a surety?		
• Any personal or corporate assets held in a trust or escrow?		
• Any personal or corporate assets restricted for any purpose? (i.e collateral for loan)		
• Been bonded in the past - if so by whom?		
• Are you currently insured?		

Checklist of information Needed:

- _____. Completed Questionnaire.
- _____. Current Corporate Tax Returns.
- _____.

I/We hereby certify and declare that the above information accurately represents my company condition to the best of my knowledge and belief and I/We hereby authorize and request any person, firm or corporation to furnish any credit or character information requested by Coverages Unlimited Incorporated concerning any transaction with the undersigned: Coverages Unlimited Incorporated is authorized to obtain information to confirm financial information and may furnish copies of the foregoing statement and any information which it contains to other companies for the purpose of evaluating surety credit.

Requested By _____ Date _____
Name & Title

NOTE: Before any final bonds can be issued a General Agreement of Indemnity must be executed.