



THE

PROSURE GROUP  
INC.

# Attachment Bond Application (for Companies)

(In order to process your application quickly please make sure all information is complete and correct.)

In order for us to properly evaluate your request please forward the following information:

- **Court Documentation** – all documentation relating to the case.
- **Corporate Financial Statements** – Please provide us with the latest fiscal year end statement. This should consist of, at least, a Balance Sheet & Income Statement (or Profit & Loss).

\*\*Please note: we may ask for additional information or clarification of certain aspects of this application during the underwriting process.

## Business Information

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Business:  Individual  Partnership  Corporation  Other \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred Method of Contact:  Phone  Fax  Email

Date Business was started: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Describe the Nature of your Business: \_\_\_\_\_

Amount of Bond: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Has a previous surety written this bond:  Yes  No If yes, reason for change: \_\_\_\_\_

Describe nature and reason for action: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Ownership Information

Name: \_\_\_\_\_ % Owned: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_ Years Owned Bus.: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ % Owned: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse: \_\_\_\_\_ Years Owned Bus.: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

### Does the business or any owner:

- Have any outstanding collection items or liens:  Yes  No
- Had any lawsuits or judgments against them:  Yes  No
- Ever failed in business or declared bankruptcy:  Yes  No
- Ever been convicted of a crime:  Yes  No
- Ever had business license or bond suspended, revoked, cancelled, or denied:  Yes  No
- Are any owners not U.S. citizens?  Yes  No

*"Your Leading Bond Team"*

# Parties Involved

Plaintiff Name: \_\_\_\_\_  
 Plaintiff's Address: \_\_\_\_\_  
 Defendant Name: \_\_\_\_\_  
 Defendant Address: \_\_\_\_\_  
 Attorney Firm (Applicant): \_\_\_\_\_  
 Attorney's Address: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Title of Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Personal Financial Information

**Any owner with 10% interest or more must complete the following**

Individual Name	_____	Statement as of (Month/Year)	_____
Cash on hand and in banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Retirement Acct.	\$ _____	Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Installment Account (Other)	\$ _____
Life Ins. – Cash Surrender Value Only	\$ _____	Loan on Life Insurance	\$ _____
Stocks and Bonds	\$ _____	Unpaid Taxes	\$ _____
Real Estate (complete section below)	\$ _____	Mortgages On Real Estate	\$ _____
Automobile – Present Value	\$ _____	Other Liabilities	\$ _____
Other Personal Property	\$ _____		
Other Assets	\$ _____		
<b>Total Assets:</b>	<b>\$ _____</b>	<b>Total Liabilities:</b>	<b>\$ _____</b>

Real Estate Owned	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$ _____	\$ _____	\$ _____
Present Market Value	\$ _____	\$ _____	\$ _____
Mortgage Holder			
Mortgage Balance	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____

I authorize The ProSure Group, Inc. / Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, character, or manner of meeting obligations to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible criminal and/or civil prosecution.  
 Florida Statutes. Section 817.234(1) (b), "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information is guilty of a felony of the third degree."

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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