

AFSB LLC – COMMERCIAL SURETY APPLICATION

Date: _____ Telephone: _____ Email: _____

Entity: (circle) Corporation Partnership Proprietorship LLC

Company: _____

(Legal name as registered with the State)

Street Address: _____

City: _____ State: ____ Zip: _____

Mailing Address (if different): _____

City: _____ State: ____ Zip: _____

Federal Tax ID Number: _____ Date Business Formed: _____

Date Incorporated: _____

Ownership Information:

Name	Age	Position	Ownership %	SSN
_____	_____	_____	_____	_____
(Spouse)	_____	_____	_____	_____
_____	_____	_____	_____	_____
(Spouse)	_____	_____	_____	_____
_____	_____	_____	_____	_____
(Spouse)	_____	_____	_____	_____

Type of Bond Needed (attach form): _____

Bond Amount: _____ Effective Date: _____ Expiration Date: _____

Obligee Name: _____ Obligee Address: _____

Obligee City: _____ Obligee State: _____ ZIP: _____

Current Bond Company: _____

Bond Agent: _____ Phone: _____

Ever had a bond loss? _____

Personal or Business Bankruptcy in the past 10 years? _____