

Lease Bond Questionnaire

REQUIRED ATTACHMENTS - please include with application:

- A. The last three Fiscal, and Interim, financial statements of the applicant and all related companies.
- B. Current Personal financial statements of all owners.
- C. Copy of most recent Certificate of Insurance.
- D. Copy of lease and bond form if specific form required.

1. Company Name: _____
2. This company is a: Corporation Limited Liability Corp Sole Proprietorship Partnership
3. # Owners:____How long in business: _____ If incorporated, incorporation date: _____
4. Contact Name, Title, and Email:_____
5. Company address: _____ City: _____
 State: _____ Zip: _____ Phone:_____ Website: _____
6. List all Owners, Officers, and/or Partners of the Company: **(include all spousal information)**

Name	Address	Social Security Number	D.O.B.	% Interest

BOND REQUESTED DETAILS (Attach a copy of the lease to be bonded)

7. Bond Amount \$ _____ How is this calculated? _____
8. Term/Length of Lease _____ Renewable? No Yes - How many years? _____
9. Obligee/Bond Holder/Lessor: _____
10. Address of Obligee: _____
11. Obligee Contact Person: _____ Phone: _____ Email: _____
12. Does the Obligee require a specific Bond Form be used? No Yes – please attach copy of bond form.

DISPUTES AND LITIGATION

- 13. Has Company ever defaulted on a contract? No Yes - Please attach explanation.
- 14. Is Company or any Owners/Officers currently involved in litigation? No Yes - Please attach explanation.
- 15. Has Company or any owners ever declared bankruptcy? No Yes - Please attach explanation.
- 16. Has Company or any owners ever had a bond claim, or caused a surety loss? No Yes- attach explanation.

OPERATIONS

- 17. Type(s) of service provided: _____
- 18. Customer base: Who are your typical customers? _____
- 19. Does any one customer represent a significant concentration of your annual revenues? _____

BANKING AND INSURANCE

- 20. Name and address of Bank: _____
- 21. Bank Officer and phone number: _____
- 22. Line of credit established: _____ Current portion borrowed: \$ _____
- 23. How is credit secured? _____ Renewal dates: _____
- 24. Will all owners and their spouses provide full personal indemnification to the surety? Yes No
- 25. Insurance coverages in effect (e.g. Key Man Life, Product Liability, Error & Omissions, General Liability, etc.):

<i>Type of Coverage</i>	<i>Limits</i>	<i>Carrier</i>	<i>Term</i>

Authority is hereby granted to Integrity Surety LLC to furnish any information pertaining to the undersigned's financial standing, credit history and manner of meeting their obligations. As consideration for services, Integrity Surety LLC may charge a fee at the time a bond or letter of bondability is issued. This is an application for a surety bond. A bond is a credit relationship. A bond is not an insurance policy. The applicant(s) / Principal(s) and indemnitors are jointly and severally responsible for the obligations covered by the bond and the conditions of the Indemnity Agreement.
All individuals are expected to sign a General Agreement of Indemnity before any bond will be issued.

Signed, Name and Title Date: _____

Explanations or Remarks:

Financial statement of _____ (Name)

(Street Address, City, State, ZIP)

Applicant's Social Security No.: _____ Spouse's Social Security No.: _____

FINANCIAL CONDITION AS OF _____, 20 _____

ASSETS		AMT(S) ONLY	LIABILITIES		AMT(S) ONLY
Cash on Hand			NOTES PAYABLE TO BANKS		
Cash in following Banks (name & address):			name & address):		
.....				
.....					
STOCKS AND BONDS			OTHER NOTES AND ACCOUNTS PAYABLE		
Listed (Schedule 1).....			Real Estate Loans (Schedule 4).....		
Unlisted (Schedule 1)			Sales Contracts & Sec. Agreements (Schedule 5).....		
			Loans on Life Insurance Policies (Schedule 6)		
REAL ESTATE			TAXES PAYABLE		
Improved (Schedule 4)			Current Year Income Taxes Unpaid		
Unimproved (Schedule 4).....			Prior Year Income Taxes Unpaid		
Trust Deeds & Mortgages (Schedule 3)			Real Estate Taxes Unpaid.....		
LIFE INSURANCE			OTHER LIABILITIES		
Cast Surrender Value (Schedule 6).....			Unpaid Interest		
ACCOUNTS AND NOTES RECEIVABLE			Other (Itemize).....		
Relatives and Friends (Schedule 2/3)		
Other (Schedule 2/3)		
Doubtful (Schedule 2/3).....			TOTAL LIABILITIES		
OTHER PERSONAL PROPERTY			NET WORTH		
Automobile (Schedule 5)					
Other (Itemize, Schedule 5).....					
TOTAL			TOTAL		
ANNUAL INCOME		(Refer to Federal Income Tax Returns for Previous Year)	ANNUAL EXPENDITURES		(Refer to Federal Income Tax Returns for Previous Year)
SALARY OR WAGES			PROPERTY TAXES AND ASSESSMENTS.....		
DIVIDENDS AND INTEREST			FEDERAL AND STATE INCOME TAXES		
RENTALS (GROSS).....			REAL ESTATE LOAN PAYMENTS		
BUSINESS OR PROFESSIONAL INCOME (NET)			PAYMENTS ON CONTRACTS & OTHER NOTES		
OTHER INCOME (DESCRIBE)			INSURANCE PREMIUMS.....		
.....			ESTIMATED LIVING EXPENSES		
.....			OTHER		
TOTAL INCOME			TOTAL EXPENSES		

To assist the Surety in its evaluation of the above Statement, I hereby certify that all material facts relating to the following conditions are set forth in the attached exhibit(s) incorporated herein by reference: Contingent liabilities as endorser, co-maker or guarantor \$ _____
 Contingent liabilities on leases or contracts \$ _____; pledge or hypothecation of assets \$ _____;
 Legal Claims \$ _____; Tax Liens \$ _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value
TOTAL				\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What Is It Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name Of	Market Value	Cost	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL			\$	\$	\$	\$

5. EQUIPMENT

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
TOTAL			\$	\$	\$

6. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement.

WARNING

“It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.”

Washington RCW 48.135.080

Dated _____, 20____

SIGNATURE: _____
