



An **IPS** Company

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**763.512.0430 fax Business Service Bond Application**

<b>1. AGENCY INFORMATION</b>	Agency/Broker Name: _____	Phone: _____	Email: _____
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<b>2. WHY DID YOU CONTACT CCI SURETY?</b> (mark all that apply)	Referred? __	Marketing?	Past Business?	Web Search? __
	Company? _____	Call ___ Email ___	Contract Bonds ___	Search Words? _____
	Individual? _____	Visit ___ Other ___	Comm. Bonds ___	

<b>3. BOND INFORMATION</b>	Company Name (Must be exactly as it is to appear on bond)		
Phone Number	Address		
Type of Business			Number of Employees: (Including Owners)

<b>4. PERSONAL INFORMATION</b>	Owner's Name
Social Security Number	Address

**Amount of Bond Requested**

- |          |                          |           |                          |
|----------|--------------------------|-----------|--------------------------|
| \$2,500  | <input type="checkbox"/> | \$20,000  | <input type="checkbox"/> |
| \$5,000  | <input type="checkbox"/> | \$25,000  | <input type="checkbox"/> |
| \$7,500  | <input type="checkbox"/> | \$50,000  | <input type="checkbox"/> |
| \$10,000 | <input type="checkbox"/> | \$75,000  | <input type="checkbox"/> |
| \$15,000 | <input type="checkbox"/> | \$100,000 | <input type="checkbox"/> |

**Additional Information:**

1. Do you have independent contractor or have any other special circumstances? Yes  No
2. Do you have volunteers, high volume of cash exchange, or have a specific client requesting this coverage? Yes  No
3. Have you sustained any employee dishonesty losses in the last 6 years? Yes  No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_