

The individual named below, who is the owner/officer/related party of the applicant for this bond/policy, requested that this application be submitted to the Surety Company for the purpose of "Underwriting" (determination for acceptability; potential, actual or future pricing; and other related services) of this bond/policy. A copy of such request for "Underwriting" of the bond/policy requested by the below individual was provided to and is maintained by this agent/agency (or has been forwarded to the Surety Company). Further, this agent/agency discussed with the owner/officer/related party named below concerning the use of his/her personal credit history to facilitate the "Underwriting" of the applicant and received consent to use his/her personal credit history for such Underwriting purpose.

**The Surety Company reserves all rights and legal duties associated with this application and any and all bonds issued as a result: including, but not limited to the right to handle or settle any claim or suit in good faith and the Surety Company's decision shall be binding on the Applicant and its owners. This agreement shall be in addition to and not in lieu of or in replacement of all other indemnity agreements.**

## APPLICANT(S)

Individual, partners, or corporate owner(s). List the principal owner first. Attach additional IIA forms and cross reference if more than four owners.

Name   
 Residence address   
  
 Phone #   Single  
 Social Security #   Married  
 Percentage of business owned?

Name   
 Residence address   
  
 Phone #   Single  
 Social Security #   Married  
 Percentage of business owned?

Name   
 Residence address   
  
 Phone #   Single  
 Social Security #   Married  
 Percentage of business owned?

Name   
 Residence address   
  
 Phone #   Single  
 Social Security #   Married  
 Percentage of business owned?

*Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.*

## BUSINESS OR CORPORATE NAME

Individual  Partnership  Corp  LLC  LLP

Business address   
  
 Phone #

Premium requested:  1yr  2yrs  3yrs  
 Years in business:  Years Licensed:  License #:   
 Type of bond:   
 Bond amount:  Effective date:

Has the business, or any other owner/applicant:  
 a. Ever been convicted of a crime?  Yes  No  
 b. Ever had license suspended, revoked or denied?  Yes  No  
 c. Ever been party to a surety bond claim?  Yes  No  
 (If any answers are yes, provide details.)

Entity requiring this bond (and address):

Comments:

## SUBMISSIONS

Email: [bondsubs@btisinc.com](mailto:bondsubs@btisinc.com)  
 Fax: 916.772.9292