

WORLD WIDE BONDING AGENCY

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NEW YORK COMMISSIONER MERCHANT BOND APPLICATION oplication 2.) Save File/Print 3.) Send to email or fax information listed above

Steps: 1.) Fill out Application

CONTACT INFORMATION

Contact Name (If insurance agent, please include Agency Name)	Applicant	Insurance Age	ent Attorney	Other
Email Address	Phone Number		Fax Number	

APPLICANT INFORMATION

Applicant or Business Name (Exactly as shown on License)				
13.9 0 00 k		Sole Ownership	Corporation	Partnership LLC or LLP
Business Street Address	C	City	State	Zip
Do you have or need other bonds?	E	Effective Date	Bon	d Amount
Please indicate any ownership changes in the last 12 months:	0	Obligee (Owner requiring the second sec	he bond) AND Ol	bligee Address
			0.	
Previous Surety? If yes, provide Surety below.	R	Reason for changing Surety	Ý	
Has the business or any of the owners involved;				
Had any lawsuits or judgments against them?	No	Ever had their licer	nse suspended, re	voked or denied? 🗌 Yes 📃 No
Ever failed in business or declared Bankruptcy?	No	Ever been party to	a surety bond cla	im? Yes No
Ever been convicted of a crime?	No	Ever had a bond de	eclined or cancell	ed? Yes No
	2007			

PERSONAL INFORMATION – Owner #1

First Name	Middle	Last Name		Social Security Number			Single Married
Resident Street Address		12	City	*	State	*	Zip
# of years you have owned this business # of years experience			% Owner	rship	Phone N	umber	
Value of Primary Residence			Balance of Mort	tgage			

PERSONAL INFORMATION – Owner #2 (if applicable)

First Name	Middle	Middle Last Name		Social Security Number		Single Married
Resident Street Address	с. 	-13 -	City		State	Zip
# of years you have owned this b	usiness # c	of years experience		% Owner	ship Phone	Number
Value of Primary Residence			Balance of Mortg	gage	- 24	

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact whereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

PERSONAL INFORMATION - Owner #3 (if applicable)

First Name	Middle	le Last Name		Social Security Number		er	Single Married	
Resident Street Address			City		State		Zip	
# of years you have owned this	business	# of years experien	ce	% Owne	ership	Phone N	lumber	
Value of Primary Residence			Balance	of Mortgage				

PERSONAL INFORMATION - Owner #4 (if applicable)

First Name	Middle	Last Name		Social Sec	curity Number		Single Married
Resident Street Address			City		State		Zip
# of years you have owned this b	usiness # of years e	experience		% Owner	ship Pho	ne Numb	ber
Value of Primary Residence			Balance of Mortg	gage			

PERSONAL INFORMATION – Owner #5 (if applicable)

First Name	Middle Last Name			Social Security Number			Single Married	
Resident Street Address				City		State	·	Zip
# of years you have owned this b	usiness	# of years ex	perience	*	% Owner	ship P	hone Nurr	nber
Value of Primary Residence				Balance of Mortg	gage			

TERMS OF SERVICE

Completion of this online application constitutes permission for World Wide Agent Services, Inc. and its selected surety companies to obtain consumer information, including personal credit reports of individual applicants as well as owners and officers of business applicants, which may be used to determine bonding eligibility. Such credit reports may also be obtained at the time of any review or renewal, any potential or actual claim, or for any other legitimate purposes as determined by the surety companies in their reasonable discretion. This information is held in strict confidence.

I acknowledge that I have read and agree to the above Terms of Service on the following date: