

# Maloney & Associates

Insurance Services

OB55425

435 West Grand Avenue • Escondido CA 92025 • (760) 738-2610 • FAX (760) 738-6855

## COMMERCIAL BOND QUESTIONNAIRE

1. Applicant's Full Name: \_\_\_\_\_

2. Address: \_\_\_\_\_ 3. SS # \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

4. Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

5. Applicant's Legal Structure ( Corp., LLC, Partnership, etc.. ): \_\_\_\_\_

6. Contact Person: \_\_\_\_\_ 7. Title: \_\_\_\_\_

8. Type of Bond Needed: \_\_\_\_\_

9. To Whom Is Bond Given (Obligee): \_\_\_\_\_

10. Obligee Address: \_\_\_\_\_

11. Bond Amount: \_\_\_\_\_ 12. Requested Effective Date: \_\_\_\_\_

13. List the owners, partners or proprietors of your firm:

	<u>Name</u>	<u>Position</u>	<u>Yr. of Birth</u>	<u>% Owned</u>	<u>Name of Spouse</u>
A.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____

14. Occupation or Nature of Business: \_\_\_\_\_

15. Bank Reference (Branch): \_\_\_\_\_

16. Street Address: \_\_\_\_\_

17. Phone No. / Contact: \_\_\_\_\_

18. Previous Bonding Company:

Name

Reason(s) for leaving

A. \_\_\_\_\_

19. List two business references :

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
A.	_____	_____	_____
B.	_____	_____	_____

Completed by: \_\_\_\_\_  
Date \_\_\_\_\_