

J. R. OLSEN BONDS & INSURANCE BROKERS, INC.

Broker/Agent License # 0680914

7407 Topanga Canyon Blvd., Canoga Park, CA. 91303

Tel. (800) 452-7121 * (818) 227-2620

Fax (818) 227-2748 * (818) 227-2629

LEASE GUARANTEE BONDS

(including Concessionaire/Performance)

This type of bond is normally written for established business. In order to process your bond request, the following underwriting items are required:

1. A full copy of the Lease Agreement (or DRAFT).
2. APPLICATION (attached): Fully completed, dated & signed. Please attach copy of Articles of Incorporation or similar for all entities such as corporations, Limited Liability Companies, Partnerships, etc.
3. BUSINESS FINANCIAL STATEMENT: Complete copy of the last two (2) Fiscal Year End business financial statements to include:
 - a) Balance Sheet
 - b) Statement of Income and Retained Earnings
 - c) Accountant's notes.
4. PERSONAL FINANCIAL STATEMENT (form attached for your convenience): For all owners/stockholders/partners. It must be current, dated & signed.
5. BOND FORM: Copy of the bond form provided by the Obligee. If a bond form is not available please indicate so in your cover letter.
6. OTHER: Bank verification of personal and business accounts/cash along with resume of experience for owners and key personnel may be required later as part of the underwriting process.

If you should have any questions, do not hesitate to call our office at (800) 452-7121.

Thank You!

Rosita Friedrik-Ruesch

Senior Surety Underwriting Manager

J. R. OLSEN BONDS & INSURANCE BROKERS, INC.

L & P Department

Commercial Surety Application

Date: _____

*Tax Return information will be used to verify time in business

BOND INFORMATION	Type of Bond (Attach Bond Form):	Amount of Bond*:	Effective Date:
Obligee Name:	Obligee Address:	Expiration Date (if other than one year):	

***Bond penalty over \$25,000, submit Business and/or Personal Financials.**

BUSINESS INFORMATION	Company Name (Must be exactly as it appears on bond):			Business Phone #:
Company Address:	City:	State:	Zip Code:	Business Net Worth: \$
Nature of Business:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Date Formed (Corp. or LLC):	# of Owners, Partners or Members:	*How Long in Business?
Previous Bonding Company:	Reason for Changing Bonding Company (Not Applicable in MO):			

PERSONAL INFORMATION	Applicant's Name:		Social Security #:	Date of Birth:
Spouse's Name:		Social Security #:	Date of Birth:	
Residence Address:	City:	State:	Zip Code:	Estimated Personal Net Worth: \$
Real Estate Owned:	Value:	Owed:		
Are you the Trustee, Trustor Or Beneficiary of any Trust?	Ever Declared Bankruptcy?	Pending or Prior IRS Liens?	Any Lawsuits Pending Against You?	Ever declined for Bonding previously? (Not Applicable in MO)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL INFORMATION	Co-Applicant's Name:		Social Security #:	Date of Birth:
Spouse's Name:		Social Security #:	Date of Birth:	
Residence Address:	City:	State:	Zip Code:	Estimated Personal Net Worth: \$
Real Estate Owned:	Value:	Owed:		
Are you the Trustee, Trustor Or Beneficiary of any Trust?	Ever Declared Bankruptcy?	Pending or Prior IRS Liens?	Any Lawsuits Pending Against You?	Ever declined for Bonding previously? (Not Applicable in MO)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Completion of this application constitutes permission to obtain consumer information which will be used to determine bonding eligibility. _____ - Signature(s)

Fraud Statement "Any Person who knowingly and with intent to injure, defraud, or deceive and insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

ALL PREMIUMS ARE EARNED IN FULL

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www.jrolsenbonds.com

Personal Financial Statement

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more for voting stock, or (4) any person or entity providing a guaranty on the loan.

Name: _____ Business Phone: () _____

Residence Address: _____

City, State & Zip Code: _____ Residence Phone: () _____

Business Name of Applicant/Borrower: _____

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile – Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1: Source of Income	Contingent Liabilities
Salary \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income _____	Legal Claims & Judgments \$ _____
Real Estate Income _____	Provision for Federal Income Tax \$ _____
Other Income (Describe below)* _____	Other Special Debts \$ _____

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
		\$	\$		
		\$	\$		
		\$	\$		

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Name of Mortgage Holder			
Mortgage Balance	\$	\$	\$
Amount of Payment per Month/Year	\$	\$	\$

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lienholder(s), amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities (Describe in detail)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)

I authorize J. R. OLSEN BONDS & INSURANCE BROKERS, INC. to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 19 U.S.C. 1001).

Signature:	Date:	Social Sec. Number:
Spouse's Signature:	Date:	Spouse's Social Sec. Number:
Print Name:		