

BMC-84 FREIGHT BROKER SURETY BOND APPLICATION

FMCSA (Federal Motor Carrier Safety Administration)

Full Legal Company Name:				DBA (if any):									
Contact First Name:				Contact Last Name:									
Contact Title:				Email:									
Address:				City:		State:		Zip:					
Phone Number:				Fax Number:		Website:							
Years in Business:		<input type="checkbox"/> Less than 1 year		<input type="checkbox"/> Corporation, State of:		<input type="checkbox"/> LLC		<input type="checkbox"/> Partnership		<input type="checkbox"/> Individual		Other:	
Federal Tax# or SS#:				Publicly held Corp: <input type="checkbox"/> Yes <input type="checkbox"/> No				# of Owners, Partners, or Members:					
Nature of Business:				Number of years' experience in field:									
Motor Carrier #:				Freight Forwarder #:				Is a bond currently on file? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Applicant Information (Complete this section for each additional Owner or Partner as required)													
Applicant Name:				Social Security #:				Date of Birth:					
Spouse Name:				Social Security #:				Date of Birth:					
Home Address:				City:				State:		Zip:			
Home Phone:				Cell Phone:		Email:							
Applicant Information – Second Applicant (If additional Owners or Partners, please attach separate page with details)													
Applicant Name:				Social Security #:				Date of Birth:					
Spouse Name:				Social Security #:				Date of Birth:					
Home Address:				City:				State:		Zip:			
Home Phone:				Cell Phone:		Email:							
Has applicant ever; (a) had an application for a bond declined; (b) had a claim filed against your bond in the past 5 years? (c) defaulted on a contract forcing a Surety to suffer a loss; (e) experienced bankruptcy; (f) been in receivership or have pending or prior lien by a taxing authority? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if yes, please explain:</i>													

PLEASE PROVIDE ANY OTHER PERTINENT INFORMATION:

APPLICANT ACKNOWLEDGEMENT & SIGNATURE

By signing below, you are acknowledging that you have completed this application with statements and information that are true and accurate within the scope of your knowledge, and you understand that we will only be able to offer a quotation when all the applicable sections are completed, and any additional requested items are received.

California Law requires us to notify you of the following: Any person, who with intent to defraud or knowingly facilitates a fraud against an insurer, applies or files a claim containing a false or deceptive statement, is guilty of insurance fraud; criminal and civil penalties varying in degree by state.

Name: _____

Title: _____

Date: _____

Signature of Applicant: _____