

DLR Bonds & Insurance Agency Lic #OJ22933	Phone #: (909) 748-5220	email: email@dlrbond.com	Fax #: (909) 295-6267
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## California Dealer Bond Application\*

Contact Info	
Contact Person: _____	
Phone: _____	Email: _____
Mailing Address: _____	
City: _____	State: ____ Zip: _____
<b>Dealership Physical Address:</b> _____	
City: _____	State: ____ Zip: _____

**Bond Amount Requested:** (check one)  \$50,000  \$10,000 **Bond Effective Date Requested:** \_\_\_\_\_

**Do you currently have a bond?**  Yes  No *(if Yes, please attach copy)* **Dealer License #** \_\_\_\_\_ *(if currently licensed)*

**Dealership Business Entity** (Check one):  Individual  Partnership  Corporation  LLC

If Application is for a Corporation or LLC	
<b>Name of Entity</b> (Recorded with Secretary of State): _____	
<b>Fictitious Business Name</b> (if any): _____ <i style="text-align: center;">Example: XYZ Corporation dba ABC Motors</i>	
<b>Number of Shareholders, Members, Partners or Owners:</b> _____	<b>Number of years in Business as current entity:</b> _____

**OR**

If Application if for an Individual or Partnership	
<b>Name of Individual or Partners</b> (Important - Name(s) must exactly match CA Driver License or CA ID): _____ <i style="text-align: center;">Example: John Doe          Partnership Example: John Doe and Jane Doe</i>	
<b>Fictitious Business Name</b> (if any): _____ <i style="text-align: center;">Example: John Doe dba ABC Motors</i>	
<b>Number of Owners or Partners:</b> _____	<b>Number of years in Business as current entity:</b> _____

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\*By submitting this application, applicant(s) consent to and authorize the procurement and use of a credit report for the individuals and/or business listed on this application and grant expresses authorization that all information on this application will be utilized and relied upon in the issuance of any bond on or after the date of this application.

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**PROVIDE THE FOLLOWING INFORMATION ON EACH OWNER, PARTNER, MEMBER OR STOCKHOLDER:**

<b>OWNER #1 PERSONAL INFORMATION</b>							
Name:					Social Security #		
% Ownership:	Title:	Owns Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number:		# Years Experience in this profession:		
Residence Address:				City:	State:	Zip:	
Spouse Name:					Spouse Social Security #		

<b>OWNER #2 PERSONAL INFORMATION</b>							
Name:					Social Security #		
% Ownership:	Title:	Owns Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number:		# Years Experience in this profession:		
Residence Address:				City:	State:	Zip:	
Spouse Name:					Spouse Social Security #		

<b>OWNER #3 PERSONAL INFORMATION</b>							
Name:					Social Security #		
% Ownership:	Title:	Owns Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number:		# Years Experience in this profession:		
Residence Address:				City:	State:	Zip:	
Spouse Name:					Spouse Social Security #		

→ Please attach additional pages if business has more than three owners

**Has the business, or any other owner, applicant or stockholder:** (If yes, attach explanation)

- Yes  No a. Ever been convicted of a crime?
- Yes  No b. Ever had dealer license suspended, revoked, denied or has any pending legal or administrative actions?
- Yes  No c. Ever been party to a surety bond claim?
- Yes  No d. Ever had a prior surety company cancel, refuse renewal or deny an application?
- Yes  No e. Ever had any lawsuits, judgments, liens or claims against them?
- Yes  No f. Ever failed in business, compromised with creditors, been subject of bankruptcy or surety claims proceedings?

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**TERMS AND CONDITIONS**

The undersigned applicant(s) and/or indemnitor(s) understand and agree to the following terms and conditions:

1. This is an application for a Bond. A Bond is a credit relationship. A Bond is NOT an insurance policy. You, officers, directors, principals and other Indemnitors under Bond will severally and jointly be liable for payment to the Surety of any defaults under the Bond.
2. You must answer the questions on this application accurately. Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
3. Due to the unique nature of this bonding program, all premiums and/or fees are considered fully earned, and are not refundable even if your bond is cancelled midterm.

**CREDIT REPORT CONSENT**

The undersigned applicant(s) and/or indemnitor(s) understand and agree that by submitting an application for bonding, the undersigned authorize the Surety and/or its representatives to verify the information provided and the obtaining of additional information from any source, including obtaining a credit report on the undersigned and/or any other individuals associated with the business involved, including spouses, at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purpose determined by the writing company in its reasonable discretion.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Print Applicant's Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name of Applicant's Spouse \_\_\_\_\_ Signature \_\_\_\_\_

Print Applicant's Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name of Applicant's Spouse \_\_\_\_\_ Signature \_\_\_\_\_

Print Applicant's Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name of Applicant's Spouse \_\_\_\_\_ Signature \_\_\_\_\_

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