



FREIGHT BROKER BOND APPLICATION

Date: _____

AGENT INFORMATION (IF YOU ARE AN INSURANCE AGENT SUBMITTING ON BEHALF OF A PRINCIPLE)

Agency Name: _____ Contact Name: _____

Address: _____

Phone #: _____ Email: _____

APPLICANT INFORMATION (MUST MATCH MOTOR CARRIER REPORT)

Company Name: _____ Contact Name: _____

Address: _____

Phone #: _____ Email: _____

Motor Carrier #: _____ FEIN #: _____

Years in Business: _____ Past Claims: Yes No

OWNER 1 (OWNER MUST COMPLETE SIGNATURE FOR CREDIT AUTHORIZATION ON PAGE 2)

% Owned: _____ Social Security #: _____ U.S. Citizen?: Yes No

Owner Name: _____

Address: _____

Do you own real estate?: Yes No Ever claim bankruptcy?: Yes No

OWNER 2 (OWNER MUST COMPLETE SIGNATURE FOR CREDIT AUTHORIZATION ON PAGE 2)

% Owned: _____ Social Security #: _____ U.S. Citizen?: Yes No

Owner Name: _____

Address: _____

Do you own real estate?: Yes No Ever claim bankruptcy?: Yes No

OWNER 3 (OWNER MUST COMPLETE SIGNATURE FOR CREDIT AUTHORIZATION ON PAGE 2)

% Owned: _____ Social Security #: _____ U.S. Citizen?: Yes No

Owner Name: _____

Address: _____

Do you own real estate?: Yes No Ever claim bankruptcy?: Yes No

Your signature on this consent form and completion of the attached application constitutes permission for Universal Service Agency, Inc. to obtain consumer information which will be used to determine bonding eligibility.

This information will be held in the strictest of confidence.

APPLICANT #1

Applicant Signature: _____ Date: _____

Print Applicant name: _____

Spouse Signature: _____ Date: _____

Print Spouse name: _____

APPLICANT #2

Applicant Signature: _____ Date: _____

Print Applicant name: _____

Spouse Signature: _____ Date: _____

Print Spouse name: _____

APPLICANT #3

Applicant Signature: _____ Date: _____

Print Applicant name: _____

Spouse Signature: _____ Date: _____

Print Spouse name: _____

APPLICANT #4

Applicant Signature: _____ Date: _____

Print Applicant name: _____

Spouse Signature: _____ Date: _____

Print Spouse name: _____