



THE
PROSURE GROUP
 INC.

Miscellaneous Court Bond Application

Thank you for giving **The ProSure Group, Inc.** the opportunity to assist you with your bonding needs!

To follow is a checklist of items we'll need in order to establish a relationship with your firm. As you may know, applying for a bond is applying for credit. Because of this, the application process may be very similar to applying for a loan. Once we receive a complete submission for you, we will work with the surety or sureties that best fit your needs. *(Please make sure that this information is complete. Feel free to call us with any questions you may have on any of this information.)*

Please forward the following information:

- **Court Documentation** – and all documentation relating to the case to provide background

This information is required to properly evaluate your application. We may ask for additional information or clarification of certain aspects during the underwriting process. Upon approval of your account, a signed and dated Application will be required. Please feel free to call us with any questions you may have about the above information.

Applicant Information

Name: _____
 Address: _____
 Telephone #: _____ Fax #: _____ Email Address: _____
 Preferred Method of Contact: Phone Fax Email
 Nature of Business or Occupation: _____
 How long so engaged? _____ Type of Business: Individual Partnership Corporation
 Previous Surety: Yes No If yes, reason for change: _____
 Social Security #: _____ Date of Birth: _____ Married Single
 Employer: _____ Applicant's Net Worth: \$ _____

Bond Information

Type of Bond Required: _____ Bond Amount: _____
 Plaintiff: _____
 Defendant: _____
 Name and Address of Applicant's Attorney: _____

 Name and Location of Court: _____
 Describe nature and reason for action: (submit copy of relevant documents) _____

I authorize The ProSure Group, Inc. / Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, character, or manner of meeting obligations 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). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible criminal and/or civil prosecution.

Florida Statutes, Section 817.234(1) (b), "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information is guilty of a felony of the third degree."

Signature: _____ Printed Name: _____ Date: _____

"Your Leading Bond Team"

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