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CAPITAL INSURANCE SERVICES

Surety Bond Quote Sheet

Business Name: _____ FEIN #: _____ Year Established: _____
 Phone: _____ E-Mail: _____
 Location Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____ Owner or Tenant: _____
 Description of Operations: _____ Years of Experience: _____

Entity Type: Sole Proprietorship Partnership / LLP Corporation LLC
 PC Other (list): _____

Years Licensed: _____ Bond Amount: _____ License No: _____

Effective Date: _____ Name & Address of Oblige: _____

Bond Type Requested (please select one)			
Appraisal Bond	Financial Obligation (Collection/Debt)		Motor Vehicle Dealer or Title
Erisa (Pension/Profit Sharing Plan)	Financial Obligation (Mortgage Banker/Broker)		Notary
Escrow Bond	License/Permit Bond		Probate or Fiduciary
Fidelity (Name or Position Schedule)	Liquor Bond		Public Official Bond

General Underwriting Questions (required for all applicants)	
Does the applicant have any other Surety bonds in force?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has another Surety company declined to write this or any previous bond?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever had a bond involuntarily terminated or cancelled?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has there ever been a claim or legal action against any bond executed on your behalf?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you or any of your companies have any pending lawsuits, unsatisfied judgements or liens?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you or any of your companies declared bankruptcy or become insolvent?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been convicted of a felony?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(If you answered yes to any of the above questions, please attach a detailed explanation.)	

Financial Statement as of _____			
Check One: <input type="checkbox"/> Business Financial Statement <input type="checkbox"/> Personal Financial Statement			
Current Assets		Current Liabilities	
Cash on hand (not in bank)		Notes payable	
Cash in banks		Sales Contracts & Chattel Mtgs.	
Stocks and bonds		Accounts payable	
Accounts receivable		Current portion of long term debt	
Notes receivable		Other current liabilities	
Other current assets		Current Year's Income Taxes Unpaid	
Real estate		Prior Year's Income Taxes Unpaid	
Residence		Real Estate (1)	
Other		Real Estate (2)	
Cash value of life insurance		Total Liabilities	
Other assets and investments		Capital Stock (<i>Paid In</i>)	
Total Fixed Assets		Net Worth	
Total Assets		Total Liabilities & Net Worth	

Current Insurance Information

Company Name: _____ Annual Premium: _____ Expiration Date: _____