



# Application for Trading Assistant Bonds

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<b>BOND INFORMATION</b>	Type of Bond (Attach Bond Form)		Amount \$		Effective Date / /	
Obligee		Address		City	State	Zip Code
<b>BUSINESS INFORMATION</b>	Company Name (Must be exactly as it is to appear on bond)					
Business License #			Business Phone # ( )			
Company Address			City	State	Zip Code	
Nature of Business		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		Date Formed (Corporation or LLC)	# of Employees	How Long in Business? _____
What is your eBay Feedback Score?			Consignor's Indemnity Bond Limits \$10,000 or \$25,000 (Please Indicate Amount \$)			
<b>PERSONAL INFORMATION</b>	Individual's Name			Social Security #		Date of Birth
Employer		Employer Phone # ( )		Length of Employment		Monthly Income \$
Spouse's Name		Social Security #		Date of Birth		Residence Phone # ( )
Spouse's Employer		Employer Phone # ( )		Length of Employment		Monthly Income \$
Residence Address			City	State	Zip Code	How Long at Residence? Yrs./Mos.
<input type="checkbox"/> Own <input type="checkbox"/> Renting <input type="checkbox"/> Apt. <input type="checkbox"/> Buying <input type="checkbox"/> House	Monthly Payment \$	Residence Mortgage Holder		Purchase Date / /	Purchase Price \$	Current Mkt. Value \$
<input type="checkbox"/> Loan Balance(s) \$		<input type="checkbox"/> Ever Declared Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pending or Prior IRS Liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Any Lawsuits Pending Against You?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Ever Failed in Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank (Personal Account)		Phone # ( )		Checking Acct. #		Balance \$
				Savings Acct. #		Balance \$
Nearest Relative/Relationship		Address		City	State	Zip Code
						Phone # ( )

***Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law. The applicants and individuals certify the truth of all statements in the application and authorize the Company to verify this information and to obtain additional information from any source including obtaining a credit report.***