**Application Form – FMCSA (BMC-84 or ICC) Bond**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant's Full Legal Name EXACTLY as Registered with the FMCSA (Please include any comma or dot):  **COMPANY NAME**: | | | | | | | | | | | |
| Sole Ownership - Partnership - Corporation - LLC | | | | | | | | | | | |
| Legal Name and Title of person who will sign the bond (this must match what company has on file with the FMCSA)  **Name**:       **Title**: | | | | | | | | | | | |
| Home Address | | | | | | | Home Phone: | | | | |
| Business Address | | | | | Phone: | | | | | Fax: | |
| E-mail: | | | | Country or State of Incorporation: | | | | | | | |
| Gross Freight Receipts: | | | | Number of years in business? | | | | | | | |
| Type of Bond: FMCSA (BMC-84) | IRS #: | | MC# / FF#: | | Term: Continuous | | | Amount:  75,000.00 | | | Effective Date (Desired): |
| Has application for this bond been declined by another company? If yes, state particulars | | | | | | | | | | | |
| If prior Surety, give name and reason for change: | | | | | | | | | | | |
| Name and Address of Obligee **FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION** | | | | | | | | | | | |
| Has the business or any other principal involved: | | | | | Yes | No | | | If any answer is yes, attach a detailed statement | | |
| a. Had any lawsuits, judgments, or liens against them? | | | | |  |  | | |
| b. Ever failed in business or declared Bankruptcy? | | | | |  |  | | |
| c. Ever been convicted of a felony? | | | | |  |  | | |
| d. Ever had their license suspended, revoked or denied? | | | | |  |  | | |
| e. Ever been a party to a surety bond claim? | | | | |  |  | | |
|  | | | | | | | | | | | |
| Fidelity Insurance - Carrier: | |  | | | | | | | | | |
| Fidelity Insurance - Limits: | |  | | | | | | | | | |
| Fidelity Insurance - Deductible: | |  | | | | | | | | | |

Info for all owners to complete – Please include information for parent company as well

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name/Title: |  | | | | | | Social Security #: | |  | |
| Spouse: |  | | | | | | Social Security #: | |  | |
| % ownership: | |  | # years owned business: |  | | # years ocean cargo/freight experience: | | | |  |
| Address and Home phone: | | | | | Balance of Mortgage: | | |  | | |
| Fair market value of home: | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name/Title: |  | | | | | | Social Security #: | |  | |
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