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BMC-84 FREIGHT BROKER SURETY BOND APPLICATION

FMCSA (Federal Motor Carrier Safety Administration)

Company Name:		DBA (if any):	
Contact Name/Title:		Email:	
Address:		City:	State: Zip:
Phone Number:	Fax Number:	Website:	
Federal Tax# or SS#:	<input type="checkbox"/> Corporation, State of:	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership <input type="checkbox"/> Individual Other:
Date Business established:	Publicly held Corp: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Owners, Partners or Members:	
Nature of Business:		Number of years' experience in field:	
Motor Carrier or FF#:	Annual Business Income:	Is a bond currently on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Information (Complete this section for each additional Owner or Partner as required)

Name:	Social Security #:	Date of Birth:
Spouse Name:	Social Security #:	Date of Birth:
Home Address:	City:	State: Zip:
Home Phone:	Cell Phone:	Name of Bank:
Cash on hand and in bank:	\$	Accounts Payable \$
Savings account:	\$	Installment Accounts: \$
IRA or Retirement Account:	\$	Unpaid Taxes: \$
Stocks & Bonds:	\$	Mortgages on Real Estate: \$
Real Estate (complete section below)	\$	Other liabilities \$
Other Personal Property/Assets:	\$	TOTAL LIABILITIES: \$
TOTAL ASSETS	\$	NET WORTH (Assets less Liabilities) \$

Real Estate Owned (use attachment if necessary to list all properties owned)

	Property A	Property B	Property C
Type of Property:			
Property Address:			
Date Purchased:			
Original Cost:			
Present market value:			
Mortgage Holder:			
Mortgage Balance:			
Payment per month:			
Payment per Year:			

Has applicant ever; (a) had an application for a bond declined; (b) compromised creditors; (c) defaulted on a contract forcing a Surety to suffer a loss; (e) experienced bankruptcy; (f) been in receivership or have pending or prior lien by a taxing authority? Yes No *if yes, please explain:*

PLEASE PROVIDE TWO FULL YEARS COMPANY'S MOST RECENT FINANCIAL STATEMENTS (Financials are used for Underwriting purposes only)

APPLICANT ACKNOWLEDGEMENT & SIGNATURE

By signing below you are acknowledging that you have completed this application with statements and information that are true and accurate within the scope of your knowledge, and you understand that we will only be able to offer a quotation when all the applicable sections are completed and any additional requested items are received.

California Law requires us to notify you of the following: Any person, who with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud; criminal and civil penalties varying in degree by state.

Name: _____

Title: _____ **Date:** _____

Signature of Applicant: _____