

OTI and ICB Bond Application

Bond Type: <input type="checkbox"/> Freight Forwarder <input type="checkbox"/> NVOCC <input type="checkbox"/> ICB			
Effective Date Needed:		Bond Amount: \$	
Principal Name:			Tax ID# or SS#:
Full legal name as it must appear on the bond.			
Business Address:			
Street Address Code	City	State	Zip
Phone: ()	Fax : ()		
e-mail:			
Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual/Proprietorship			
State of : _____		List all partners	List name
Additional Offices: <input type="checkbox"/> No <input type="checkbox"/> Yes, List all offices on separate sheet of paper			
Current Bond Agent:		Current Surety:	
Reason for Switching?:			
Number of Years in Business: Yrs. If less than 2 years, provide principal's experience or attach resume. List all Names, if any, that you, your partners, or your spouse previously worked under:			
HAS ANY BOND PRINCIPAL, FILED BANKRUPTCY		<input type="checkbox"/> YES	<input type="checkbox"/> NO
FAILED IN A BUSINESS VENTURE		<input type="checkbox"/> YES	<input type="checkbox"/> NO
BEEN THE SUBJECT OF A FEDERAL TAX LIEN?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
INDEMNIFIED OTHERS		<input type="checkbox"/> YES	<input type="checkbox"/> NO
PAID CLAIMS AGAISNT BOND?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE PENDING CLAIMS ON BOND?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Principal Owner's Name: (If a partnership, please list all of the owners on the back of this application.):		Spouse Name:	
Owner's Soc. Sec. No#:		Spouse's Soc. Sec. No#:	
Principal Owner's Home Address:			
Street Address	City	State	Zip Code
<p>INDEMNITY: The undersigned represents that the foregoing statement is true and in consideration of the execution of this bond and as an inducement to such execution by surety, the undersigned agrees to:</p> <p>1). Indemnify the surety and hold harmless from all loss, contingent loss, liability and/or contingent liability claim, including attorney fees, for which surety or agent shall become liable for shall become contingently liable, by reason of having executed this bond and;</p> <p>2). Pay any premium due for any bond computed according to the rates currently in effect with surety or agent, including renewal premiums, until proof satisfactory to surety is furnished of its discharge from any liability under this bond.</p>			
Signature of Principal: _____		Date: _____	
Full Name and Title (Signor must be an officer of the company)			
Please Provide a Current, Year-End Financial Statement, Preferably Audited. Please Note that a Personal and Corporate Indemnity Agreement will be Required, if application is approved.			

<p>CA Insurance License Number 0809244 600 E. Ocean Blvd., Suite 409 Long Beach, CA 90802 Tel: (562) 951-9599 Fax: (562) 951-9525</p>
