
USA American Eagle Bonds dba Eagle Bonds & Insurance CA 0110899
www.aebonds.com email aebonds@msn.com Visa/Mastercard
4121 E. Valley Auto Dr #104 Toll Free (855)852-2663 or (480) 471-8466
Mesa, AZ 85206 Fax. (480) 985-2572 or (480) 985-2209

TRUCK BROKER BONDS

The truck broker bonds can be written with for low premiums with good credit clients, but can also be written for bad credit clients for higher premiums. The higher premiums for the bad credit clients do not usually require any financial statements.

The lower premium good credit clients would require financial statements. If the truck brokerage is new a personal financial statement and resume will be required.

For existing companies to get the best premium a personal and business financials statement is required . In some rare cases if the credit score is really high then financial statements may not be required.

If financials are required I can usually accept any computer generated financials for the business a year end balance sheet with an income statement (profit & loss). The personal on all owners can be within 6 months old if you already have a similar form completed.

The truck broker bonds can also be written with full letter of credit or cash collateral with lower premiums.

See the attached fill in the blank forms if you need them.

AGENT USE ONLY

BOND NUMBER

Application for License, Permit and Miscellaneous Bonds

A BOND INFORMATION											
TYPE OF BOND					BOND AMOUNT		REQUESTED EFFECTIVE DATE / /				
BOND TO BE FILED WITH (OBLIGEE)				ADDRESS OF OBLIGEE							
Does the Applicant have any other Surety bonds in force?					<input type="checkbox"/> Yes <input type="checkbox"/> No		If you answered YES to any of the questions above, please attach a detailed explanation.				
Has another Surety Company declined to write this or any previous bond?					<input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever had a bond involuntarily terminated or cancelled?					<input type="checkbox"/> Yes <input type="checkbox"/> No						
B BUSINESS INFORMATION											
COMPANY NAME (MUST BE EXACTLY AS IT IS TO APPEAR ON BOND)							BUSINESS PHONE				
ADDRESS							BUSINESS FAX				
CITY/ STATE/ ZIP							COMPANY TAX ID NUMBER				
PRIOR BOND OR CURRENT BOND WITH		HOW LONG	BOND NUMBER		REASON FOR CHANGE						
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	IF CORPORATION, DATE INCORPORATED / /			IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS (complete section C for all stockholders with over 10% interest)						
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC/ LLP	DESCRIBE TYPE OF BUSINESS									
			LICENSE NUMBER (if applicable)		NUMBER OF YEARS EXPERIENCE		HOW LONG UNDER CURRENT OWNERSHIP?				
BUSINESS ACCOUNT BANK NAME		BANK ADDRESS						BANK PHONE NUMBER			
BUSINESS CHECKING ACCOUNT NUMBER		ACCOUNT BALANCE		BUSINESS SAVINGS ACCOUNT NUMBER		ACCOUNT BALANCE					
CREDIT REFERENCES WITH WHOM YOU DO BUSINESS											
NAME		ADDRESS					PHONE NUMBER				
NAME		ADDRESS					PHONE NUMBER				
Have you been involved in a dispute where there was a lawsuit or lien was filed?					<input type="checkbox"/> Yes <input type="checkbox"/> No		If you answered YES to any of the questions above, please attach a detailed explanation.				
Have you been subject to a federal or state tax lien?					<input type="checkbox"/> Yes <input type="checkbox"/> No						
C PERSONAL INDEMNITOR INFORMATION											
INDIVIDUAL'S FIRST NAME/ MIDDLE NAME/ LAST NAME					DRIVER'S LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER				
<input type="checkbox"/> Own	<input type="checkbox"/> House	HOW LONG?		MONTHLY PAYMENT(S)		EMAIL ADDRESS					
<input type="checkbox"/> Rent	<input type="checkbox"/> Apartment	HOME ADDRESS/CITY/ STATE/ ZIP									
HOME/ MOBILE PHONE											
EMPLOYER NAME					WORK PHONE		LENGTH OF EMPLOYMENT				
EMPLOYER ADDRESS					EMPLOYER CITY/ STATE/ ZIP						
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	SPOUSE FIRST NAME/ MIDDLE NAME/ LAST NAME			DRIVER'S LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER				
<input type="checkbox"/> Single	<input type="checkbox"/> Separated	SPOUSE EMPLOYER NAME									
			WORK PHONE		LENGTH OF EMPLOYMENT						
SPOUSE EMPLOYER ADDRESS					SPOUSE EMPLOYER CITY/ STATE/ ZIP						
DATE HOME PURCHASED / /	PURCHASE PRICE		CURRENT MARKET VALUE		PRESENT LOAN BALANCE(S)	LOAN NUMBER	MONTHLY PAYMENT(S)				
PERSONAL ACCOUNT BANK NAME		BANK ADDRESS					BANK PHONE NUMBER				
PERSONAL CHECKING ACCOUNT NUMBER		ACCOUNT BALANCE		PERSONAL SAVINGS ACCOUNT NUMBER		ACCOUNT BALANCE					
NEAREST RELATIVE NAME		RELATIONSHIP	ADDRESS					PHONE NUMBER			
Have you, your spouse, or company ever : failed in any business venture? declared bankruptcy? been a principal or indemnitor on a bond which a claim was brought? subject to a federal or state tax lien?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a guarantor for a third party liability? Have you ever been convicted of a felony? Are any of your assets in Trust(s)? If you answered YES to any of the questions above, please attach a detailed explanation.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

BUSINESS FINANCIAL STATEMENT

Use of company financial statement forms is not mandatory. They are made available as guides to the type of information needed. Signed statements on comparable bank forms, or on your accountant's letterhead, are equally acceptable under most circumstances. Fiscal or year end statements are preferred. Schedules should be completed where they are meaningful.

Financial Statement of _____

(Name)

(Street Address, City, State, ZIP)

AS OF _____

(Date)

<i>CURRENT ASSETS</i>		<i>CURRENT LIABILITIES</i>	
Cash on Hand (not in bank).....		Notes payable (Schedule 6).....	
Cash in banks (Schedule 1).....		
.....		
Stocks and Bonds (Schedule 2).....		
Accounts Receivable (Trade).....		Accounts Payable	
.....		
Notes receivable (Schedule 3)		Current portion of long term debt	
Cash value of life insurance.....		(Due within one year)	
.....		
Other current assets (itemize)		Other current liabilities (itemize).....	
.....		
.....		
.....		
.....		
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
<i>FIXED ASSETS</i>		<i>LONG TERM LIABILITIES</i>	
Real Estate (Schedule 4).....		Real estate debt (Schedule 4)	
Business	
Other	
.....		
Business vehicles & equip. (Sched. 5)		Owing on vehicles & equipment	
.....		(Schedule 5).....	
.....		
Other assets and investments (itemize)		Other long term debt (itemize)	
.....		
.....		
.....		
TOTAL FIXED ASSETS		TOTAL LONG TERM LIABILITIES	
		NET WORTH	
<i>TOTAL ASSETS</i>		<i>TOTAL LIABILITIES</i>	

Net Sales \$ _____
 Net Profit \$ _____
 Drawings or owner's salary \$ _____
 Contingent liabilities \$ _____

SUPPLEMENTARY SCHEDULES

(NOTE: If space is insufficient, attach separate sheet with additional information)

SCHEDULE 1 - CASH	
Name, Branch & Location of Bank	Amount

SCHEDULE 2 - STOCKS AND BONDS			
Name of Security	No. of Shares	Price Per Share	Total Market Value
Listed Securities			
Unlisted Securities			

SCHEDULE 3 - NOTES RECEIVABLE				
Name & Address of Debtor	Amount	Due Date	Security	Pledged? To Whom?

SCHEDULE 4 - REAL ESTATE							
Location/Description	Year Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder

SCHEDULE 5 - BUSINESS VEHICLES AND EQUIPMENT						
Description and Capacity	Year Mfg'd	Year Acq'd	Cost	Book Value	Monthly Payment	Loan Balance

SCHEDULE 6 - NOTES PAYABLE					
Payable to Whom	Due Date	Interest Rate	Monthly Payment	Amount	Security

I hereby certify and declare that the above statement presents accurately my financial condition to the best of my knowledge and belief and I hereby authorize and request any person, firm or corporation to furnish any information requested by the Surety concerning any transaction with the undersigned; and the said Surety is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the purpose of securing reinsurance or co-suretyship.

Signature

Date