



**International Sureties, Ltd.**  
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Check if you have taken the Exodus Logistics Learning Center course

## FMCSA BOND APPLICATION

Applicant's Full Legal Name:						
<input type="checkbox"/> Sole Ownership - <input type="checkbox"/> Partnership - <input type="checkbox"/> Corporation - <input type="checkbox"/> LLC						
Business Address				Phone:	Fax:	
E-mail:			Country or State of Incorporation:			
Type of Bond: <b>FMCSA</b>	IRS #:	MC# FF#	or	Term: Continuous	Amount:	Effective Date:
Has application for this bond been declined by another company? If yes, state particulars						
If prior Surety, give name and reason for change:						
Has the business or any other principal involved:				Yes	No	If any answer is yes, attach a detailed statement
a. Had any lawsuits or judgments against them?				<input type="checkbox"/>	<input type="checkbox"/>	
b. Ever failed in business or declared Bankruptcy?				<input type="checkbox"/>	<input type="checkbox"/>	
c. Ever been convicted of a felony?				<input type="checkbox"/>	<input type="checkbox"/>	
d. Ever had their license suspended, revoked or denied?				<input type="checkbox"/>	<input type="checkbox"/>	
e. Ever been a party to a surety bond claim?				<input type="checkbox"/>	<input type="checkbox"/>	

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

Name/Title:				Social Security #:	
Spouse:				Social Security #:	
% ownership:		# years owned business:		# years of experience in this industry:	
Address:				Balance of Mortgage:	
				Fair market value of home:	

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				Fair market value of home:	

APPLICANT ACKNOWLEDGES THAT CREDIT DATA MAY BE ACCESSED FOR THE UNDERWRITING OF THIS BOND.