

Premium Requested:

- 1 yr
- 2 yrs
- 3 yrs

# Coffer Insurance Services

License Number: 0761681

(Application Number) \_\_\_\_\_

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership

## EASY APPLICATION FOR BONDS

The submission of this application by the Applicant and its owners is authorization to the Company to obtain a credit report on the Applicant and its owners. The Company reserves all rights and legal duties associated with this application and any and all bonds issued as a result; including, but not limited to the right to handle or settle any claim or suit in good faith and the Company's decision shall be binding on the Applicant and its owners. This Agreement shall be in addition to and not in lieu of or in replacement of all other indemnity agreements.

**PLEASE PRINT OR TYPE.**

**Applicant(s)** - Individual, partners, or corporate owner(s). List the principal owner first. Attach additional Form 10-E's and cross reference if more than four owners.

1. Name \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_  Single  Married  
 Social Security No. \_\_\_\_\_  
**Does this applicant own real estate?**  Yes  No

2. Name \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_  Single  Married  
 Social Security No. \_\_\_\_\_  
**Does this applicant own real estate?**  Yes  No

**Business or Corporate Name:**

\_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_

Has the business, or any other owner/applicant:  
 a. Ever been convicted of a crime?  Yes  No  
 b. Ever had their license suspended, revoked or denied?  Yes  No  
 c. Ever been party to a surety bond claim?  Yes  No  
 (If any answers are yes, provide details.)

**Agent's recommendation/additional comments:**

\_\_\_\_\_  
 \_\_\_\_\_

3. Name \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_  Single  Married  
 Social Security No. \_\_\_\_\_  
**Does this applicant own real estate?**  Yes  No

4. Name \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 Telephone # \_\_\_\_\_  Single  Married  
 Social Security No. \_\_\_\_\_  
**Does this applicant own real estate?**  Yes  No

Number of Years in this Business: \_\_\_\_\_ Number of Years Licensed: \_\_\_\_\_  
 Type of Bond Requested: \_\_\_\_\_  
 Amount of Bond: \$ \_\_\_\_\_ License No. \_\_\_\_\_  
 Effective date: \_\_\_\_\_

**Entity requiring this bond (and address):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Coffer Insurance Services**  
**1100 N. Tustin Ave Suite 102**  
**Anaheim, Ca 92807**  
**Ph:(714)237-0000**  
**Fax:(714)237-0001**  
**Email:cofferinssvs@aol.com**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**X** \_\_\_\_\_  
**Signature**

Check here if this correspondence was previously faxed or emailed.