

Nielson, Mosholder & Assoc.
 4380 St. Johns Pkwy #110
 Sanford, FL 32771
 407-330-33990 fax 407-330-3949

\$100,000 Financial Responsible Officer
 Approval Based On Personal Credit
 Annual Premium \$2,020.00



International Fidelity Insurance Company

One Newark Center – 20th Floor
 Newark NJ 07102
 (973) 624 7200
 www.ific.com

BOND APPLICATION

Any person who knowingly files a statement of claim or any application containing any false or misleading information is subject to criminal and civil penalties.

General Information

Agency Name NIELSON MOSHOLDER & ASSOCIATES		Branch SANFORD, FL	
Applicant's Name (Principal) FINANCIAL RESPONSIBLE OFFICERS NAME:		Social Security No.	Age
CORPORATE NAME:		Phone #	
Principal's Business Address		Fax #	
Principal's Residence Address		<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Prior Address (If Less Than 2 Years)			
Type of Bond: FINANCIAL RESPONSIBLE OFFICER		Bond Amount: \$100,000	
Obligee Name & Address: DEPT. OF BUSINESS & PROF. REGULATIONS, 1940 n Monroe St, Tallahassee, FL			
Effective Date:			

Underwriting Information

Account Classification <input type="checkbox"/> Individual(s) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC or LLP <input type="checkbox"/> Other (Specify)			
Occupation or Nature of Business Construction			How Long in Business?
List All Owners/Spouses	%Owned	Residence Address	Social Security No./Spouses SS#
<p>Please mark "Yes" or "No" to the following questions:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No –Do you have bonds with International Fidelity Insurance Company? <input type="checkbox"/> Yes <input type="checkbox"/> No –Has another bonding company declined or previously written this bond? <input type="checkbox"/> Yes <input type="checkbox"/> No –Do you, or your company have unpaid tax obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No –Have you ever failed in business? <input type="checkbox"/> Yes <input type="checkbox"/> No –Have you ever had a claim against a bond? Within the last 7 years, have <i>you</i> or <i>your company</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No –Had a lien filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No –Had a judgment awarded against you? <input type="checkbox"/> Yes <input type="checkbox"/> No –Had any bill owed by you referred to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No –Filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No –Had a payments made over 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No –Have you been in business under other names?			
Name and Branch of Bank (Business)		Name and Branch of Bank (Personal)	
Address		Address	
Account No.(s)		Account No.(s)	
Insurance Limits General Liability: Property Damage: Fidelity:			

NOTE:
 Please explain all "yes" responses on a separate sheet and advise on the current status (if applicable).

The Applicant(s) and the Indemnitor(s), if any, hereby authorize the Surety to obtain credit reports and histories and to confirm the bank balances claimed, and all other items on any balance sheet or income statement furnished until all liability of Surety for any suretyship obligations expire.

