

# Nielson, Mosholder & Associates

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STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

\$5,000 TALENT AGENCY

PREMIUM \$101.30

Bond Renews May 31<sup>st</sup> of Every Even Year

PLEASE MAIL ORIGINAL APPLICATION WITH CHECK OR MONEY ORDER TO OUR OFFICE FOR PROCESSING

NAME OF BUSINESS AS IT APPEARS (OR WILL APPEAR) ON YOUR LICENSE:

BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_ BUSINESS FAX # \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ TAX ID # \_\_\_\_\_

HAS A SURETY COMPANY PAID ANY CLAIMS FOR YOU IN THE PAST: Yes  No

IF YES PLEASE EXPLAIN \_\_\_\_\_

Effective Date \_\_\_\_\_

Please sign and have each original signature witnessed by someone not already signing:

WITNESS; The following signature(s) this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

By: X \_\_\_\_\_

Witness

By: X \_\_\_\_\_

Applicant print name: \_\_\_\_\_

SS # \_\_\_\_\_

Driver's License No: \_\_\_\_\_

By: X \_\_\_\_\_

Witness

By: X \_\_\_\_\_

Spouse print name: \_\_\_\_\_

SS#: \_\_\_\_\_

FLORIDA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. Laura D. Mosholder #A185646

PREMIUM IS FULLY EARNED