



FLORIDA DHSMV DEALER BOND APPLICATION

Bonds for the Florida Department of Highway Safety and Motor Vehicles

*(Please make sure ALL information is complete and correct so we can process your request quickly)
**Please note: we may ask for additional information or clarification during the underwriting process.*

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Motor Vehicle Dealer
Independent (M, SF, VW, VA, SD)
HSMV form 86020
Expiration of 4/30 | <input type="checkbox"/> Recreational Vehicle Dealer
(RV or RU) HSMV form 86019
Expiration 9/30 | <input type="checkbox"/> Franchise Dealer (VF)
HSMV form 86020
Expiration of 12/31 | <input type="checkbox"/> Mobile Home Dealer (DH and BH)
HSMV form 86018
Expiration of 9/30 | <input type="checkbox"/> Mobile Home Installer (DIH and IH)
HSMV form 81401
Expiration of 9/30 |
|---|---|--|--|--|

BUSINESS INFORMATION

Dealership Name - Exactly as it appears or will appear on license (Must be exact for DMV to accept bond):

Company Address: _____

Type of Business: Individual Partnership Corporation Other _____

Telephone: _____ Fax: _____ Email: _____

Date Business Was Started: _____ Effective Date of Bond: _____

How did you hear about us? _____

Has a surety bond company ever paid a loss on your behalf: Yes No

Does the business OR any owner:

- Have any outstanding collection items or liens: Yes No
- Had any lawsuits or judgments against them: Yes No
- Ever failed in business or declared bankruptcy: Yes No
- Ever been convicted of a crime: Yes No
- Ever had business license or bond suspended, revoked, cancelled, or denied: Yes No
- Are any owners not U.S. citizens? Yes No

OWNERSHIP INFORMATION

Name: _____ % Owned: _____ Soc. Sec. #: _____ Birth Date: _____

Years Owned Bus.: _____ Years of Experience: _____ Home Address: _____

Spouse Name: _____ Spouse Soc. Sec. # _____ Spouse Birth Date: _____

Name: _____ % Owned: _____ Soc. Sec. #: _____ Birth Date: _____

Years Owned Bus.: _____ Years of Experience: _____ Home Address: _____

Spouse Name: _____ Spouse Soc. Sec. # _____ Spouse Birth Date: _____

SURETY BONDS

Performance Bonds | Contract Bonds | License Bonds | Court Bonds



SIGNATURE PAGE OF BOND APPLICATION

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO PURCHASE, THE BOND/INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE BOND/INSURANCE THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

AUTHORIZATION/RELEASE FOR BUSINESSES AND PROFESSIONALS

_____ (the "Applicant") acknowledges that it is in the best interest of both Applicant and The ProSure Group, Inc. ("Surety Broker / Agent") for Surety Broker / Agent to perform due diligence concerning Applicant's background and experience. Applicant further acknowledges that Applicant benefits from the efficiencies in the due diligence process that are possible when Surety Broker / Agent and other similarly-situated entities in the Surety Broker / Agent industry exchange information about their experiences in doing business with professionals/entities such as Applicant. Therefore, Applicant hereby consents and gives Surety Broker / Agent and CoreLogic Credco, LLC ("CREDCO"), permission to obtain information about Applicant, Applicant's company and any and all employees/contractors of that company including, but not limited to, professional malpractice insurance coverage, professional history information and other public record information. Applicant hereby releases and agrees to hold harmless Surety Broker / Agent and/or CREDCO, from any and all liability for damages, losses, costs, and expenses that may arise from the use of any information recorded and/or provided by CREDCO for Surety Broker / Agent.

ACCURACY OF INFORMATION ON APPLICATION

I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s) These statements are made for the purpose of obtaining a bond or insurance. I understand FALSE statements may result in forfeiture of benefits and possible criminal and/or civil prosecution. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information is guilty of a felony of the third degree.

(Name of Individual or Entity)

(Signature of Individual or Authorized Officer of Entity)

(Printed Name of Individual or Authorized Officer of Entity)

(Date)

SURETY BONDS

Performance Bonds | Contract Bonds | License Bonds | Court Bonds

ProSure Group | (800) 480-3883 toll free | commercialbonds@prosuregroup.com | www.prosuregroup.com

