

MORTGAGE BROKER LICENSE BOND APPLICATION

Date: _____

1. AGENT/BROKER INFORMATION	Agency/Broker Name:	Producer #	Phone #:	Fax #:
	Surety Advisors, LLC		713-622-1494	713-622-1861

2. BOND INFORMATION	Type of Bond	Amount of Bond ♦:	Effective Date:
	Mortgage Broker		
Obligee Name:		Obligee Address:	Expiration Date (if other than one year):

♦ If bond penalty exceeds \$25,000, submit Business and/or Personal Financials. No tax returns, please.

3. BUSINESS INFORMATION	Company Name (Must be exactly as it appears on bond):			Business Phone #:
	Company Address:			Business Net Worth:
City:		State:	Zip Code:	\$
Nature of Business:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Date Formed (Corp. or LLC):	# of Owners, Partners or Members:	How Long in Business?
Previous Bonding Company:	Reason for Changing Bonding Company			

4. PERSONAL INFORMATION	Applicant's Name:		Social Security #:	Date of Birth:
	Spouse's Name:		Social Security #:	Date of Birth:
Residence Address:		City:	State:	Zip Code:
				Estimated Personal Net Worth:
				\$
Are you the Trustee, Trustor Or Beneficiary of any Trust?	Ever Declared Bankruptcy?	Pending or Prior IRS Liens?	Any Lawsuits Pending Against You?	Ever declined for Bonding previously? (Not Applicable in MO)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If there are multiple bonds needed for your company, we will require a long form General Indemnity Agreement.

5. If licensed in State bond is being applied for, please give your License Number: _____
6. List all states in which you currently hold a Mortgage Broker or Lender License: _____
7. Has application for this bond been made to another company? Yes No
 If yes, give particulars: _____
8. How long has applicant been a Mortgage Broker or in an associated field? _____
9. Have you or any Partner:
 - a) Ever failed in business? Yes No
 - b) Ever declared bankruptcy? Yes No
 - c) Ever been arrested? Yes No
 - d) Do you service any loans? Yes No If yes, what is your volume? _____
 - e) Do you have a warehouse line? Yes No If yes, attach details on each line.
 - f) Do you service 1st or 2nd mortgages? 1st only 2nd only Both
 - g) Of the above types of mortgages, what percentage is Commercial or Residential?
 _____ % Commercial _____ % Residential

PERSONAL FINANCIAL STATEMENT

NOTE: This form to be used for Personal Financial Statements only NOT TO BE USED FOR BUSINESS STATEMENTS.

Personal financial statement of _____ S.S. No. _____
 (Name)

(Street, Address, City, State, Zip)

_____ Home Phone No.() _____ Bus. Phone No.() _____

Name of Wife/Husband

AS OF _____, 20_____
 (Date)

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)		Notes payable to (names and addresses):	
Cash in following banks (names and addresses):			

Stocks and bonds (Schedule 1)		Sales Contracts/Chattel Mtgs. (Attach Desc.)	
Accounts receivable (Schedule 2)		Accounts Payable	
Notes receivable (Schedule 3)		Current portion of long term debt	
Other current assets (itemize):		Other current liabilities (Attach Description)	

		Current Year's Income Taxes Unpaid	
		Prior Year's Income Taxes Unpaid	
		Real Estate Taxes Unpaid	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES	
Real estate (Schedule 4):		Real estate debt (Schedule 4)	
Residence		Residence	
Other		Other	
Cash value of life insurance (Schedule 5)		Borrowed on life insurance (Schedule 5):	

Other assets and investments (Attach Desc.):		Other long term debt (Attach Description):	

		TOTAL LONG TERM LIABILITY	
TOTAL FIXED ASSETS		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES
 FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____
 GIVE DETAILS _____

1. STOCKS AND BONDS					
Name of Security	No. Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Days	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLE				
Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE					
Name and Address (street and city) From Whom Due	For What is it Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE							
Description of Property	Title In Name Of	Market Value	Cost	Date Acquired	Account Encumbrance	Monthly Payments	Monthly Income
TOTALS				\$	\$	\$	\$

5. LIFE INSURANCE -- CASH VALUE						
Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

INCOME/EXPENSE INFORMATION								
SOURCES OF CASH		Last Year 20__	This Year 20__	Projected Next Year 20__	USES OF CASH		This Year 20__	Projected Next Year 20__
RECURRING	Salary & Wages				EXPENSES	Income Taxes & FICA		
	Commissions, Bonus, Etc.					Other Payroll Ded.		
	Interest & Dividends					Living Exp. & Misc.		
	Rental Income					Rental Expenses		
	Oil & Gas Rev. after Op. Exp.					Oil/Gas Cap. Expend.		
	Other Business Income					Other Business Exp.		
Other:				Other:				
SUBTOTAL					SUBTOTAL			
NON-RECURRING	Commissions, Bonus, Etc.				DEBT SERVICE	Reg/Sched. Pymnts.		
	Sale of Assets					Other Interest		
	Tax Refund					Other Principal		
	Other					Contigent Liab.		
TOTAL CASH SOURCES					TOTAL CASH USES			
					NET CASH FLOW			

PRINCIPAL SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____