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Judicial Bond Application

Type of bond needed:	
Bond Amount:	Bond Effective Date:
Name of Court:	

Applicant (Principal on Bond):	
Name to appear on bond (if different):	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> C-Corp	<input type="checkbox"/> S-Corp
<input type="checkbox"/> LLC/LLP	<input type="checkbox"/> Other:
Applicant's Address:	
Billing Address (if different):	
Applicant's Class of Business:	Years in Business:
Applicant's Social Security Number:	Business Tax ID:
Applicant's Phone:	Fax Number:
Applicant's E-mail Address:	
Applicant's Date of Birth:	
Applicant's Employer:	Applicant's Annual Income:

General Questions (all applicants):

Does the Applicant have any other Surety bonds in force? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has another Surety company declined to write this or any previous bond? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a bond involuntarily terminated or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has there ever been a claim or legal action against any bond executed on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your companies have any pending lawsuits, unsatisfied judgments or liens? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of your companies declared bankruptcy or become insolvent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to any questions above, please explain:
Attorney's Name, Firm Name, Address, Email, Phone, and Fax:

SECTION I - RECEIVERSHIP, TRUSTEE IN BANKRUPTCY, ASSIGNEE FOR THE BENEFIT OF CREDITORS:

Debtor:
Address:
Type of Action: <input type="checkbox"/> Liquidation <input type="checkbox"/> Reorganization <input type="checkbox"/> Receiver of Rents <input type="checkbox"/> Other
Do you carry fidelity coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you carry Professional Liability or E & O coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above, in what amount and who is the carrier?

SECTION II - APPEAL, DISCHARGE MECHANIC'S LIEN, INJUNCTION, REPLEVIN, COST, ATTACHMENT, GARNISHMENT, & ALL OTHER:

Judgement/Claim Amount:	Type of Action:
Case Number:	Court Jurisdiction:
Summary of the Action:	
Does this case involve a domestic dispute? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature: _____ Date: _____

*All information furnished on this application will be utilized and relied upon in the issuance of any bond, on or after the date above. By submitting this application, you acknowledge and authorize the procurement and use of a credit report for the individuals and/or business listed above. If submitted by a third party, you acknowledge and agree that you have the authorization of the applicant.