



Application for Customs Form 301-3

International Carrier Bond (CFR113.64)

Applicant is (select one): Individual Partnership C-Corp S-Corp LLC _____

Applicant Name (Principal): _____

Principle's Physical Address: _____

Mailing Address, if different: _____

Principle's Phone Number: _____ Fax: _____

Are there any additional unincorporated divisions, trade names, subsidiaries or importer numbers for your company?
No Yes If so, please attach a complete listing with names, addresses and importer numbers/Customs assigned numbers.

Description of Applicant's Operations: _____

Importer/Customs Assigned Number: _____ How long in business? _____

Principle Owner's Name: (If Partnership or LLC list all owners on separate sheet) _____

Address: _____ SS#: _____

U.S. Citizen? No Yes Spouse's Name _____ SS# _____

Is there an active bond on file in ANY port? If so, list which port, Customs assigned bond number, renewal date and attach a copy of the bond. _____

Desired Bond Amount: _____ **Desired Effective Date of Bond:** _____

Would you like a 1 or 3 year (pre-paid) billing plan? (3 year plan receives a 20% discount on years 2 & 3) _____

Underwriting Questions (required for all applicants):

- 1) Does the Applicant have any other Surety bonds in force?..... No Yes
- 2) Has another Surety Company Declined to write this or any previous bond?..... No Yes
- 3) Have you ever had a bond involuntarily terminated or cancelled?..... No Yes
- 4) Has there ever been a claim or legal action against any bond executed on your behalf?..... No Yes
- 5) Do **you** or any of **your** companies have any pending lawsuits, unsatisfied judgments or liens?..... No Yes
- 6) Have **you** or any of **your** companies declared bankruptcy or become insolvent?..... No Yes
- 7) Have **you** or any of **your** companies been the subject of any legal or administrative proceedings resulting in disciplinary action?
..... No Yes

- 8) Have **you** ever been convicted of a felony?..... No Yes
- 9) Has the Applicant continuously been in business under the current name and ownership for at least 3 years? No Yes
- 10) If the Applicant is a business, has it been in business at the same location for at least 3 years?..... No Yes
- 11) If the Applicant is an individual, have you resided at your current address for at least 3 years?..... No Yes

(If you answered Yes to any of the above questions, please attach an explanation.)

Attach a copy of the last fiscal year-end financial statements. If 6-months or older, attach interim statements also. copy attached

If the principle is a new business, (less than 3 years in operation) also attach personal financial statement(s) for owner(s). copy attached

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF BENEFITS.

Signature: _____ **Date:** _____

Print name and title here: _____