

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR
BIM INSURANCE INC. TO OBTAIN CONSUMER INFORMATION
WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS
INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

Print Applicant's Last Name First Name Middle Initial

Social Security Number

Current Street Address (Residence)

City State Zip

Home Area Code & Telephone Number

Applicant Signature

Date