

This application is for premium indication and or quoting purposes NOT FOR BINDING COVERAGE

[www.bimins.com](http://www.bimins.com)

1-800-606-2003 - Fax: 1-206-378-1136



BIMINS Insurance Management, Inc.

### BOND INFORMATION

<b>Type of Bond:</b>
<b>Effective Date:</b>

### BUSINESS INFORMATION

<b>Company Name (Exactly As it Appears on Bond):</b>	
<b>Business Address:</b>	
<b>Business Telephone:</b>	<b>Business Fax:</b>
<b>E-mail Address:</b>	<b>License #:</b>
<b>How Long Under Current Ownership?</b>	
Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP	
<b>If Partnership or Corporation Number of Partners or Stockholders:</b>	

### INDEMNITOR INFORMATION

<b>First Name:</b>	<b>Last Name:</b>
<b>Middle Name:</b>	<b>Date of Birth:</b>
<b>Social Security Number:</b>	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
<b>Spouse's Name:</b>	<b>Date of Birth:</b>
<b>Social Security Number:</b>	

<b>Name:</b>	<b>Title:</b>
<b>Date:</b>	