



## QUESTIONNAIRE FOR SURETY LICENSE BOND MONEY TRANSMITTER/CHECK SELLER

**BOND REQUIRED:**

<b>State</b>	<b>Amount</b>	<b>Effective Date</b>	<b>Billing Options:</b>	<b>Annual</b>	<b>3 Year Prepaid</b>
_____	_____	_____			

**Name and Address** (Exactly as shown on the state application/license)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Date Established** \_\_\_\_\_

**Years under present ownership** \_\_\_\_\_

**Tax ID #** \_\_\_\_\_

**State of Incorporation** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Corporation    LLC    Proprietorship    Partnership**

<b>Owner(s)</b> - attach additional sheet if necessary	<b>%</b>	<b>Home Address</b>	<b>Signature</b> – provides authorization under FCRA pre-notification on page 2
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A. _____	_____	_____	_____
SS#: _____		_____	_____
B. _____	_____	_____	_____
SS#: _____		_____	_____
C. _____	_____	_____	_____
SS#: _____		_____	_____

**Total: 100%**

1. States in which licensed: \_\_\_\_\_
2. If currently bonded, name of surety: \_\_\_\_\_
3. Total of transaction(s): Last year: \$\_\_\_\_\_ Projected this year: \$\_\_\_\_\_ Projected Next Year: \$\_\_\_\_\_
4. Has the Licensee/Applicant or anyone having ownership in this business ever filed for bankruptcy for itself, any other entity, or been insolvent? If yes, please provide details and copy of discharge. Yes    No
5. Does a CPA prepare your financial statements at least annually? Yes    No  
 If so, please indicate basis:     Compilation     Review     Audit
6. Do you maintain a compliance program including a written compliance manual? Yes    No
7. Do you have a designated compliance officer? Yes    No
8. Do you conduct operations through agents? Yes    No
9. Do you have a formal banking line of credit? Yes    No  
 If so, please state amount: \$\_\_\_\_\_

10. Please provide contact information for:

Banker: \_\_\_\_\_

CPA (if available): \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**FCRA (FAIR CREDIT REPORTING ACT) PRE-NOTIFICATION:** The Applicant, Owner(s) thereof as listed on this application, and/or any additional Indemnitor(s), hereby authorize Scott Bond Services/Scott Insurance, and/or any Surety involved in the application process to complete an investigation as part of the underwriting process in consideration of this application. The investigation may include but is not limited to the following: obtaining credit reports/histories through third-party credit reporting agencies; personal interviews with third parties such as state or federal regulators, business associates, financial sources, or others with whom you are acquainted; inquiries as to your character, general reputation, mode of living, and confirmation of bank balances or other items on any financial statements furnished. Information obtained may be shared between Scott Bond Services/Scott Insurance and any Surety involved in the application process. The authorization for this investigation is valid until all liability for any suretyship or related claim obligations expires. You have the right to make written request within a reasonable period of time for a complete disclosure of information concerning the nature & scope of the investigation and to request a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act".

**The undersigned Applicant, Owner(s) thereof as listed on this application, and/or any Indemnitor(s), hereby authorize Scott Insurance and/or the Surety to obtain credit reports/histories and to confirm bank balances and all other items on any financial statement furnished until all liability of the Surety for any suretyship or related claim obligations expire. The Undersigned applicant hereby declares that the statements made herein are true and correct, and are made to induce the Surety to execute, renew or continue a bond or bonds (hereinafter referred to as the "Bonds").**

**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.**

WITNESS the following signature(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**APPLICANT:**

Name of Firm/Corporation \_\_\_\_\_

By: *Signature:* \_\_\_\_\_

*Signature of Witness:* \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Witness Name: \_\_\_\_\_

Please check one:    President    Member    Individual    Partner    Other Officer: \_\_\_\_\_

**SCOTT BOND SERVICES**  
P.O. Box 10489, Lynchburg, VA 24506-0489  
1301 Old Graves Mill Rd., Lynchburg, VA 24502  
Phone 800-365-0101, Fax 434-832-2287

***PLEASE FAX COMPLETED QUESTIONNAIRE TO  
SCOTT BOND SERVICES AT 434-832-2287.***