

**KING INSURANCE & SURETY**  
 405 PORTAGE TRAIL CUYAHOGA FALLS, OHIO 44221  
 PHONE 800/275/8719 FAX 330/928-9659

## Indiana Vehicle Merchandiser Bond

### Company Information

Your Company Name (Must Be Exactly As It Needs To Be On Bond):			Dealer #		
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		Date Business Started	Years Experience in Business		
Street Address:		City:	State:	Zip:	
Tax ID:	Email Address:	Phone:	Fax:		

### Owner Information

Owner's Name:		D.O.B.	Social Security Number:	Company Title:	
Spouse's Name:		D.O.B.	Spouse's Soc. Sec. Number:		
Home Address:		City:	State:	Zip:	

### Additional Owner Information

Owner's Name:		D.O.B.	Social Security Number:	Company Title:	
Spouse's Name:		D.O.B.	Spouse's Soc. Sec. Number:		
Home Address:		City:	State:	Zip:	

### Additional Information

Has applicant ever: a) had an application for a bond declined? <input type="checkbox"/> Yes <input type="checkbox"/> No		b) compromised with creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c) defaulted on a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) defaulted on a contract forcing a Surety to suffer a loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e) experienced a bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		f) been in receivership or been liened by a taxing authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Please check the appropriate box

<input type="checkbox"/> Automobile Auctioneer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Factory Branch	<input type="checkbox"/> Transfer Dealer
<input type="checkbox"/> Converter Manufacturer	<input type="checkbox"/> Distributor Branch	<input type="checkbox"/> Factory Representative	<input type="checkbox"/> Wholesale Dealer
<input type="checkbox"/> Dealer	<input type="checkbox"/> Distributor Representative	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Auto Mobility Dealer

**QUESTIONS?**

**CALL 800/275-8719**

**FAX TO 330/928-9659**