



**BOND APPLICATION FORM**  
**ASHTON INSURANCE AGENCY OF CALIFORNIA, INC**  
**DBA ASHTON BONDING AGENCY**

7505 NE Ambassador Place, Suite A  
 Portland, OR 97220-6806  
 Local (503) 253-7330 Toll Free (800) 452-2663  
 Fax (503) 253-1353

Agency/Agent Name  Office Use Only
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<b>Type of Bond Requested:</b>			<b>State:</b>		<b>Bond Amount:</b>	
Obligee (Entity requiring bond)	Address		City	State	Zip	
Business Name (Must be EXACTLY as it would appear on license)				State License Number		
Physical Location Address		City	State	Zip	Phone Number	
Mailing Address (if different from physical)		City	State	Zip	Fax Number	
Business is a: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		County		Date Business Formed		
Number of Shareholders, Partners or Members?	How long in business under name listed above?		How many years experience?		FEIN No.	
Has anyone signing this application as indemnitor ever been in business under a different name?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Previous Name:	
Has anyone signing this application as indemnitor ever had a claim filed against them, their company or their bonding company?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
I hereby certify and affirm that I originally obtained my License on ____/____/____.				<input type="checkbox"/> New in Business		
I also affirm that I have been continuously licensed and in business from that date present.						
General / Garage Liability Carrier		General / Garage Liability Expiration Date				
Will day to day operations be run by one of the indemnitors?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If No, by whom? _____	
Or will day-to-day operations be run solely by a manager?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, manager must complete indemnitor information below.	
<b>BOND INFORMATION</b>	Requested Effective Date		Term: <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Other (Please specify): _____			
Previous Bonding Company	Amount Paid	Any Prior Surety Paid Bond Losses under current name or any previous entity? If yes, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>PERSONAL INFORMATION OWNER #1</b>	Individual's Name		US Citizen?	Social Security #	Date of Birth	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Residence Address		City	State	Zip	Home Phone Number	
How long at residence: Years/Months		<input type="checkbox"/> Own <input type="checkbox"/> Renting Apt <input type="checkbox"/> Buying <input type="checkbox"/> Renting House	Current Market Value of Primary Residence		Mortgage Balance	
<b>MUST COMPLETE IF MARRIED #1</b>	Individual's Name		US Citizen?	Social Security #	Date of Birth	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Closest living relative not living in your household		City	State	Zip	Home Phone Number	
<b>PERSONAL INFORMATION OWNER #2</b>	Individual's Name		US Citizen?	Social Security #	Date of Birth	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Residence Address		City	State	Zip	Home Phone Number	
How long at residence: Years/Months		<input type="checkbox"/> Own <input type="checkbox"/> Renting Apt <input type="checkbox"/> Buying <input type="checkbox"/> Renting House	Current Market Value of Primary Residence		Mortgage Balance	
<b>MUST COMPLETE IF MARRIED #2</b>	Individual's Name		US Citizen?	Social Security #	Date of Birth	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Closest living relative not living in your household		City	State	Zip	Home Phone Number	

**\*\*IF PARTNERSHIP, CORPORATION OR LLC AND THERE ARE MORE THAN TWO PARTNERS, SHAREHOLDERS, MEMBERS, SPOUSES, OR MANAGERS, PHOTOCOPY AND COMPLETE FOR ALL\*\***

**I UNDERSTAND THAT UPON SUBMISSION OF THIS APPLICATION, A CREDIT REPORT WILL BE ORDERED AND USED FOR UNDERWRITING PURPOSES**