

Corporate Risk Services, LLC
5502 Walsh Lane, Ste 103
Rogers, AR 72758
(479) 271-7475 Fax: (479) 271-7141

Surety Bonds for Self Insured Workers' Compensation

Please submit the information in the bond application below. This will allow us to complete our underwriting and provide you a surety bond quote.

Bond Application

Principal's Name _____

Address _____

Bond Amount _____ Effective Date _____

State(s) _____

Date(s) Qualified as Self Insured _____

Principal's Corporate Structure (Parent, Subsidiary, S Corp etc.) _____

Who is the current surety? _____

Has submission been made to other sureties? _____

Who provides current excess coverage? _____

Type of excess coverage	Retention	Limit
Specific	_____	_____
Aggregate	_____	_____

Are you a licensed agent in the state(s) where this bond is to be filed? _____

Please attach complete copies of the audited financial statements of the Principal for the three most recent fiscal years. If the most recent fiscal year end is more that six months old, we will also need a copy of the most recent interim unaudited financial statement.

The information contained herein is warranted as true and accurate. Issuance of the surety bond will require a properly completed Indemnity Agreement and related Certified Copy of Board Resolution and may also require collateral in the form of a letter of credit.

The Principal hereby authorizes Corporate Risk Services, LLC and its assigns to make such pertinent inquiry as they deem necessary from financial institutions, persons, firms and corporations in order to confirm and verify the information listed in or referred to in this application.

Principal _____

Signature _____

Printed Name _____

Title _____

Agent _____

Signature _____

Printed Name _____