



2512 Artesia Blvd. Suite 250 Redondo Beach, CA 90278

Email: bonds@gsis.com
Web: www.gsis.com

Attn: Bond Applicant

Please find attached BMC-84 (Property Broker) bond application and personal financial forms. The most important thing to understand is that the application process is expedited by a completed application; you should not leave any questions or fields blank whenever possible. Once your application is complete, please send via email to bonds@gsis.com or via fax to 310.374.2431.

Also, note this application is essentially a CREDIT application; you are asking a Surety to provide a financial guarantee for yourself and/or your Company. With this in mind Surety Companies are looking for clients with good credit, ownership of property, etc. In the event you don't have good credit or own property, etc, you could still qualify for the bond, however you may be required to pay a higher premium, provide collateral and/or sign a personal as well as corporate General Indemnity Agreement.

It is important that you understand Surety is NOT insurance. As such, if a claimant attempts to collect on the bond you will be expected to be involved and if required settle the claim to avoid the surety from having to pay the claim. If you do not settle your own claims in a timely matter and the Surety is forced to make settlement on your Company's behalf, the results will likely be:

- 1) Your bond will be cancelled.
- 2) The Surety will pursue a recovery of the claim against your company as well as you individually.
- 3) Having a paid Surety claim on your record can make it difficult to get a new bond which could put your company out of business.

You want to avoid Sureties paying any claim on your behalf under your bond.

Without reviewing your application it is difficult to indicate the premium will be charged annually for the \$10K BMC-84 Surety bond. Bond premiums generally range from \$750 up to \$3000. per year. All bond premiums are fully earned, there is no pro rata on cancelled bonds and there are no return premiums.

If we are unable to secure a Surety Bond (BMC-84) for your Company, you do have the option of getting your authority with a Trust Fund Agreement, BMC-85. Unfortunately our organization does not work with the BMC-85; however you should be able to find an authorized company on the FMCSA's website: <http://www.fmcsa.dot.gov>.

Also, as a Freight Broker will be expected to have coverage in place to address the following:

- Contingent Cargo Insurance Policy
- General Liability Policy
- You may also be expected by some client to have a Contingent Auto Liability Policy

We can provide you with immediate indications on the pricing of these policies; simply e-mail or call the following party:

INSURANCE COVERAGE

Glenn Stebbings
GSIS/TransInsurers
Toll Free 888.910.4747
E-Mail: glenn@gsis.com

BOND ASSISTANCE

Fonda Raley
GSIS/TransInsurers
Toll Free 888 910 4747
E-Mail: fonda@gsis.com



Telephone: 310-379-9600
 Fax: 310-374-2431
 Email: bonds@gsis.com

BMC-84 (ICC) Bond Application
Freight Broker Surety Bond, Property Broker Surety Bond

COMPANY NAME (MUST BE EXACTLY AS IT APPEARS ON YOUR LICENSE)		MC#
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC
BUSINESS STREET ADDRESS, CITY STATE ZIP CODE		
PHONE ()	FAX ()	EMAIL
APPLICANTS NAME		SPOUSES NAME
APPLICANTS SS#		SPOUSES SS#
APPLICANTS DOB		SPOUSES DOB
HOME STREET ADDRESS, CITY STATE ZIP CODE		
HOME PHONE ()		CELL PHONE ()
REAL ESTATE OWNED _____ MORTGAGE _____ SECURITIES OWNED _____		

Has applicant ever; (a) had an application for a bond declined; (b) compromised with creditors; (c) defaulted on a contract; (d) defaulted on a contract forcing a Surety to suffer a loss; (e) experienced a bankruptcy; (f) been in receivership or have pending or prior lien by a taxing authority? _____ YES _____ NO
 (If yes to any of the above, attach a full explanation).

DATE BUSINESS WAS ESTABLISHED	# OF OWNERS PARTNERS OR MEMBERS	
NATURE OF BUSINESS	# OF YEARS EXPERIENCE IN FIELD	
ANNUAL BUSINESS INCOME	ANNUAL OTHER INCOME	
NAME & ADDRESS OF BANK		
ACCOUNT #	BANK BALANCE	LINE OF CREDIT

ADDITIONAL OWNERS OR PARTNERS AS REQUIRED	
NAME	SS#
SPOUSES NAME	SPOUSES SS#
HOME ADDRESS	HOME PHONE ()

DESIRED BOND EFFECTIVE DATE		
<input type="checkbox"/> NEW BOND	<input type="checkbox"/> REPLACEMENT BOND	DATE BOND EXPIRES: _____
PLEASE INDICATE BOND TYPE, AMOUNT & OBLIGEE IF DIFFERENT FROM BELOW:		
TYPE OF BOND: BMC-84 (ICC)		AMOUNT: \$10,000.
TO BE FILED WITH (OBLIGEE): FMCSA (The Federal Motor Carrier Safety Administration)		
ADDRESS: 400 7 th Street SW, Washington DC 20590		

Please complete entire application. Incomplete applications will not be processed.
For assistance email: bonds@gsis.com. ALL PREMIUMS ARE FULLY EARNED.

PERSONAL FINANCIAL STATEMENT

Financial Statement of (Name):	Social Security Number:
Street Address, City, State, Zip:	

Cash on hand and in banks		Accounts Payable	
Savings Account		Notes Payable to Banks and Others	
IRA or Retirement Account		Installment Account (Auto)	
Accounts & Notes Receivable		Installment account (Other)	
Life Insurance, Cash Surrender (Value)		Loan on Life Insurance	
Stocks and Bonds		Unpaid Taxes	
Real Estate (Complete Section Below)		Mortgages on Real Estate	
Automobile – Present Value		Other Liabilities	
Other Personal Property		Total Liabilities	
Other Assets		<i>Net Worth (Assets less Liabilities)</i>	
TOTAL		TOTAL	

ANNUAL INCOME		ANNUAL EXPENDITURES	
Salary or Wages		Property Taxes and Assessments	
Dividends and Interest		Federal and State Income Taxes	
Rentals (Gross)		Real Estate Loan Payments	
Other Income (Describe)		Payments on Contract & Other Notes	
		Insurance Premiums	
		Estimated Living Expenses	
		Other	
TOTAL INCOME		TOTAL EXPENDITURES	

Signature: _____ Printed Name: _____ Date: _____

	Property A	Property B	Property C
Types of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Mortgage Holder			
Mortgage Balance			
Payments per Month/Year			

1. STOCKS AND BONDS

Name of Security	No. Shares	If Any Pledged, State to Whom and for What Purposes	Dividends Paid Last Two Years	Market Value
				\$

2. ACCOUNTS RECEIVABLE

Name & Address (City/State) from Whom Due	For What is Due	When Sold	When Due	Amount
				\$

3. NOTES RECEIVABLE

Name & Address (City/State) from Whom Due	For What Due	How Secure	Date	Maturity	Amount
					\$

4. EQUIPMENT

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
					\$

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy #	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed
						\$

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement. I/we authorize the Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, or manner of meeting obligations to verify the accuracy of the statements made and to determine my credit worthiness. I/we certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I/we understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001). Section 817,234(1) (b), F.S. "Any person who knowingly and with intent to inure, defraud, or deceive any insurer files a statement of claim or in application containing false, or misleading information is guilty of a felony of the third degree."

Signature: _____ Printed Name: _____ Date: _____