## **Ancona Insurance Services**

7787 Sunset Blvd., Los Angeles, CA 90046 ~ Tel. 1-800-462-2604 fax 1-323 654-2763 ~ lana@anconainsurane.com ~ CA Lic. 0C47363

## **Multi-Purpose License & Permit Bond Application**

Soc. Sec. # DOB:	e bond? Collections, or Absence of explain:
a) Chapter 11 or 13 bankruptcy?	e bond?
c) If you answered Yes to (b) above, is the proceeding still active?  2. Is the combined personal net worth of the owners at least five times the amount of the any Credit Relationship for 24 months by owners personally or by firm? If Yes, et any Credit Relationship for 24 months by owners personally or by firm? If Yes, et any Credit Relationship for 24 months by owners personally or by firm? If Yes, et any Credit Relationship for 24 months by owners personally or by firm? If Yes, et any Credit Relationship for 24 months by owners personally or by firm? If Yes, et any Credit Relationship for 24 months by owners be repay in installments?  a) Have you entered into formal agreements to repay in installments?  b) If Yes, can you prove you have complied with the payment schedule(s) for at (Confirming letter from creditor will be required)  5. Do owners and firm pay financial obligations:  a) Within agreed terms?  b) Within 30 days past terms, but on not more than 2 accounts?  6. Do you own Real Estate? Home Home Investment  7. Business Name: <a href="mailto:principal name">principal name</a> . include DBA:  8. What is your balance in checking and savings?  9. Business Tax ID #: Phone #'s:  10. Address (home): (business):  11. Type of Bond Amount of Bond: \$ Effect 12. How much cash could you raise in next 90 days by selling assets and paying off debt? 13. Obligee (address & phone number):  14. Years experience as Owner of this business:  15. Related Management experience over what years:	e bond? Collections, or Absence of explain:
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