



# Application for Customs Form 301-3

International Carrier Bond (CFR113.64)

Applicant is (select one):  Individual  Partnership  C-Corp  S-Corp  LLC  \_\_\_\_\_

Applicant Name (Principal): \_\_\_\_\_

Principle's Physical Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Principle's Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Are there any additional unincorporated divisions, trade names, subsidiaries or importer numbers for your company?  
No  Yes  If so, please attach a complete listing with names, addresses and importer numbers/Customs assigned numbers.

Description of Applicant's Operations: \_\_\_\_\_

Importer/Customs Assigned Number: \_\_\_\_\_ How long in business? \_\_\_\_\_

Principle Owner's Name: (If Partnership or LLC list all owners on separate sheet) \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

U.S. Citizen?  No  Yes Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_

Is there an active bond on file in ANY port? If so, list which port, Customs assigned bond number, renewal date and attach a copy of the bond. \_\_\_\_\_

**Desired Bond Amount:** \_\_\_\_\_ **Desired Effective Date of Bond:** \_\_\_\_\_

Would you like a 1 or 3 year (pre-paid) billing plan? (3 year plan receives a 20% discount on years 2 & 3) \_\_\_\_\_

### Underwriting Questions (required for all applicants):

- 1) Does the Applicant have any other Surety bonds in force?.....  No  Yes
- 2) Has another Surety Company Declined to write this or any previous bond?.....  No  Yes
- 3) Have you ever had a bond involuntarily terminated or cancelled?.....  No  Yes
- 4) Has there ever been a claim or legal action against any bond executed on your behalf?.....  No  Yes
- 5) Do **you** or any of **your** companies have any pending lawsuits, unsatisfied judgments or liens?.....  No  Yes
- 6) Have **you** or any of **your** companies declared bankruptcy or become insolvent?.....  No  Yes
- 7) Have **you** or any of **your** companies been the subject of any legal or administrative proceedings resulting in disciplinary action?  
.....  No  Yes

- 8) Have **you** ever been convicted of a felony?.....  No  Yes
- 9) Has the Applicant continuously been in business under the current name and ownership for at least 3 years?  No  Yes
- 10) If the Applicant is a business, has it been in business at the same location for at least 3 years?.....  No  Yes
- 11) If the Applicant is an individual, have you resided at your current address for at least 3 years?.....  No  Yes

**(If you answered Yes to any of the above questions, please attach an explanation.)**

**Attach a copy of the last fiscal year-end financial statements. If 6-months or older, attach interim statements also.**  copy attached

**If the principle is a new business, (less than 3 years in operation) also attach personal financial statement(s) for owner(s).**  copy attached

**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF BENEFITS.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name and title here:** \_\_\_\_\_