

Please email your completed application to support@valuesure.com



MOTOR VEHICLE DEALER BOND APPLICATION

Agency Name: Valuesure Agency, Inc.

Company (exactly as shown on license):			
Business Address:	City:	County:	Zip:
Additional Locations (Address, City & Zip):			
Business Tele No.:	Fax No.:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Dealers License # / P Number:		Federal Tax ID #:	
Name of Owner:		Email:	
Residence Address:		City:	Zip:
Residence Tele No.:		Social Security Number:	
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent		How long have you lived at this address?	Years Months
Are there any lawsuits, judgments or liens pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date & explanation:			
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date & explanation:			
Have you had any disciplinary action taken against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
Has any prior surety company ever cancelled, refused renewal or denied an application for a bond for the business or any owner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe:			
Have you ever had a Dealers License under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names and distinguishing numbers:			
Has your spouse ever held a Dealers License? (P Number) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date and P Number:			
Has TXDOT ever filed a complaint against the business or any owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
Has any owner ever had a claim against his / her dealer bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
How long have you been engaged in the Used Car Business? Years Months			
When did you first receive a MVD License?			
Name & Address of Oblige: TEXAS DEPARTMENT OF TRANSPORTATION AUSTIN, TEXAS 78779			
Amount of Bond: \$ 25,000.00		Premium:	Effective Date: Expiration Date:

INDEMNITY AGREEMENT

In consideration of the issuance of a bond, Undersigned agrees to pay Insurors Indemnity Company its premium and attests to the accuracy of the application and information provided. Undersigned agrees to indemnify Insurors Indemnity Company from any demands, losses, costs, interest, damages, or expenses of whatever kind or nature, including but not limited to attorney's fees and claims handling expenses in the investigation, payment and subrogation of the claim. Undersigned agrees Insurors Indemnity Company may compromise any claim on the bond and payment by Insurors Indemnity Company will be binding on the undersigned provided Insurors Indemnity Company believed it was or might be liable. Proof of payment by Insurors Indemnity Company shall be prima facie evidence of the fact and amount of the liability of Undersigned. Undersigned consents to venue and personal jurisdiction in McLennan County, Texas for any suit on this bond. The undersigned authorize the company to verify this information and to obtain additional information, including consumer credit reports from any source.

Date Signed _____

 Witness Signature, Social Security No.

 Witness Signature, Social Security No.

 Witness Signature, Social Security No.

 Owners Signature, Social Security No.

 Indemnitor Signature, Social Security No.

 Indemnitor Signature, Social Security No.