Rosenzweig Insurance Agency 160 Herricks Road Mineola, NY 11501

(516) 352-7495 FAX (516) 358-7940 www.NailSalonBonds.com dee@NailSalonBonds.com

	BON	ND INFO	RMATON S	HEE	Γ		
1.AGENCY/BROKER Name: Rosenzweig Insurance Agency	Address: 160 Herricks R				hone #: Fax 16 352-7495 516		#: 358-7940
2.BOND INFORMATION	Type of Bond (Attached Bond Form): Nail Salon Wage Bond				Amount of Bond:		Effective Date: XXXXXXXXX
Obligee Name: NYS Dept. of State	Obligee Address: 1 Commerce Plaza, 99 Washington Avenue, Albany, NY 1223				xxxxxxxxxxxxxxx		
3. BUSINESS INFORMATION	Company Nam your business li		nust be exactly as it appears on			Business Phone #:	
Company Address:	City:	State:	Zip Code:		Annual Business Income: \$		Tax ID Number:
Employees- # full time employees: # part-time employees: Total # of hours part-timers work each week:	Corporation	Corporation YouPartnershipLLC Ar		Iave this s in ne past	How Many Ye of Experience Nail Salon Business?		Email Address:
4. OWNER'S PERSONAL INFORMATION- if more than one owner, we need information from all owners	Name: Last First			Social Security #: By entering SS #, I hereby certify that I authorize you to run a credit report.		Date of Birth:	
Marital Status: Married DivorcedSingleSeparated Spouse's Name: Last First Spouse's Social Security #: Spouse's Date of Birth: By entering SS #, I hereby certify that I authorize you to run a credit report. Residence Address: Home Phone Number: Own or Rent? Cell Number:				Has the business or any of the owners: 1. Had any lawsuits or judgments against them? 2. Ever failed in business or declared bankruptcy? 3. Ever been convicted of a crime? 4. Ever had their license suspended, revoked or denied? 5. Ever been party to a surety bond claim?		Yes No Yes No Yes No Yes No Yes No Yes No	
Owner's Signature: Date:				6. Ever	r had a bond declind led?	ed or	165110