



Rosenzweig Insurance Agency, Inc.

160 Herricks Rd. Mineola, New York 11501-0070

Tel (516) 352-7495 Fax (516) 358-7940

[www.RosenzweigInsurance.com](http://www.RosenzweigInsurance.com) [www.PharmacyInsuranceOnline.com](http://www.PharmacyInsuranceOnline.com)

Please e-mail or fax the completed application to:  
Pharmacy@RosenzweigInsurance.com  
Fax: 516-358-7940  
Attention: Dee or Rambha

## Miscellaneous Bond Application

### Section I: Bond Applied For

Type of Bond: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Obligee: \_\_\_\_\_ Bond Amount: \_\_\_\_\_

Obligee Address: \_\_\_\_\_

### Section II: General Information

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email: \_\_\_\_\_

Date Business Began Under Present Individual or Firm: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Type of Business:    Corporation            LLC            Sole Proprietorship            Partnership

Has any company refused to issue bonds for any purpose?            Yes            No

Do you have any liens, claims or judgements against you?            Yes            No

Has applicant ever failed in business?            Yes            No

Has applicant ever filed for bankruptcy?            Yes            No

If yes to any of the above questions, please explain on a separate piece of paper.



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**Section III: Additional Owners and Partners as Required**

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section IV: Personal Financials**

*\*Note: If more than one owner, each owner must fill out the application\**

Statements of Assets and Liabilities as of: \_\_\_\_\_

Assets		Liabilities	
Cash in Bank		Notes Payable to Bank	
Cash on Hand		Notes to Others (excluding equipment)	
Stocks and Bonds		Accounts Payable	
Accounts Receivable		Federal & State Income Tax Due	
Notes Receivable		All other Taxes	
Inventory		Accruals, Payrolls, etc.	
Cash Value (Life Insurance)		Due on Equipment	
Equipment		Due on Real Estate	
Real Estate		Other Liabilities	
Other Assets		Capital Stock (if Corp.)	
		Surplus and Undivided Profits	
<b>Total Assets</b>		<b>Total Liabilities</b>	
		<b>Net Worth</b>	

Name of Owners	Name and Title of Officers	% Ownership in Company

Completion of this form constitutes for the bonding company and agency to obtain consumer information and obtain a credit report which will be used to determine bonding eligibility. Bond will not be issued without approval from bonding company and receipt of payment in full. Bond premium is fully earned.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_