

Great American Insurance Company

Surety Bond Application / Health & Fitness Facilities

Full Legal Name of the Club (**Applicant**): _____

Location of the Club (address): _____

Applicant is a: ___ Corporation ___ Partnership ___ Individual ___ LLC

State or Entity Requiring the Bond: _____

Address: _____

Amount of the Bond requested: \$ _____ Effective Date of the Bond: ____/____/____

Does **Applicant** have any pending lawsuits, judgements, or liens against them or their business? _____

Date that the **Applicant's** business began or estimated date of opening: ____/____/____

Has any company refused to issue or renew a bond? _____ If so, please attach detailed explanation.

List below the individual(s) or corporate officer(s) who will be **personally responsible** for repayment of the bond, if necessary.
(Note: If individual or officer is married, please include name and social security number of the spouse)

<u>Full Name of Individual or Officer</u>	<u>Title</u>	<u>% ownership</u>	<u>Social Security Number</u>
_____	_____	_____	____-____-____
Spouse's Name: _____			____-____-____
Home Address: _____			
_____	_____	_____	____-____-____
Spouse's Name: _____			____-____-____
Home Address: _____			
_____	_____	_____	____-____-____
Spouse's Name: _____			____-____-____
Home Address: _____			

REQUIRED ATTACHMENTS:

- 1) Personal Financial Statements on **all** owners and/or officers who will be responsible (indemnitor) for this bond.
- 2) Include any recent bank statements or stock reports verifying liquid assets.
- 3) Most recent year end financial statement for existing clubs or starting balance sheet for new clubs; **do not send tax returns.**
- 4) Please provide an original bond form from the state or public entity who is requiring this bond.
- 5) If this is a new club, it would also be helpful to include a business plan outlining your estimated expenses and revenues for your first year in business.
- 6) Payment: the bond company currently charges 2.5% of the bond amount. **YOU DO NOT SEND IN PAYMENT UNTIL YOU HAVE BEEN APPROVED FOR THE BOND.**

Return Application and all documentation to: Association Insurance Group
PO BOX 440848 Kennesaw, GA 30160 Attn: Nicole Corbett FAX: 303-985-1248