

Please check mark the type of bond applying for:

- NVOCC Bond
 OFF Bond (FMC/OTI/FF)
 Custodian Bond (C2) (Trucking)
 International Carrier Bond (AMS/ICB Bond / C3)
 Public Gauger Bond
 FTZ/C4 Bond Foreign Trade Zone
 VOCC Bond
 China Rider Bond (MOC Bond)
 Foreigners NVOCC Bond (Applying for USA NVOCC)
 IIT / 3a Bond (Instruments of International Traffic)
 Airport Security Bond
 Other _____

I Business Information			
Description:	Bond Amount:	Effective Date:	Bond Term:
Type Name exactly as it is to appear on the bond (Applicant):			
Applicant's Business Address:			
Are there any other locations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a complete listing of all addresses			
Applicant's Federal Tax ID:			
Phone:	Email Address:		
Applicant is (select one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC			
Date Business Commenced:	Number of years in Business:		
Applicant's Business Description or Latest Occupation:			
Annual Gross Revenue for Most Recent Fiscal Year End (Amount / Year End):			
Net Worth as of Most Recent Fiscal Year End (Amount / Year End):			
Number of Employees:			
Principal Owner(s)' Name and address (if Partnership or LLC, list all owners and addresses on separate sheet)			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse Name and address:		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is your credit? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Challenged <input type="checkbox"/> I am not sure			

II Bond Information	
Underwriting Questions	
Does applicant have any other Surety Bonds in force with any other Surety Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever had an application for a bond declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever had a bond involuntarily terminated or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant or affiliates been the subject of any legal or administrative proceedings resulting in disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever caused a Surety to suffer a loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there ever been a claim or legal action against any bond executed on applicant's behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant or any affiliates have any pending lawsuits, unsatisfied judgments or liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant or affiliates ever declared bankruptcy or become insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant continuously been in business under the current ownership for at least years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the Applicant is a business, has it been in business at the same location for at least 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the Applicant is an individual, have you resided at your current address for at least 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you carry any insurance that affirmatively responds to the bonded obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details _____	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the bond guarantee coverage for more than one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to any of the above questions, please attach a detailed explanation	
Do all owners who are individuals own a home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your company ever been previously issued a U.S. Custom Import Bond? If so:	
What is the US custom bond # on your most recent U.S. Custom Import Bond? _____	
What are the effective and expiration dates on your most recent U.S. Custom Import Bond? _____	
Was this U.S. Custom Import Bond Terminated? If so, why? _____	
Have you ever imported merchandise subject to Anti-Dumping Duties? If so, please describe this merchandise? _____	
Is any of the merchandise listed on this U.S. Custom Import Bond application subject to Anti-Dumping Duties? If so, please describe this merchandise? _____	

III. Principals of Applicant

Name & Title	DOB	SSN	Spouse Name	% Owned	Yrs w/Applicant	Yrs in Occupation

IV. Business Management

Does Applicant prepare any of the following (please check where applicable):

Monthly Balance Sheet

Monthly Profit and Loss Statement

Quarterly Cash Flow Analysis

Create and Monitor a Fiscal Budget

V. Information Requirements

____ Last three (3) CPA Fiscal Year End Statements

____ Most recent in house balance sheet and profit and loss statement

____ Copy of latest Federal Tax for applicant

____ Current Personal Financial Statement and most recent federal tax return

____ Current Bank Line of Credit

____ If there is a current FMC/NVOCC bond in effect, attach a copy of that bond with all amendments and explain why you are switching sureties _____

Important Information—PLEASE READ

1. All bonds must be paid in full before the release of the bond unless other arrangements have been made.

2. Applicant and all owners of applicant must sign General Indemnity Agreement and have signatures notarized.

3. All bonds / bond approval is subject to final underwriting approval.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signature _____ Date: _____

Print Name and title here: _____

Personal Financial Statement – All Owners with 10% or more ownership must complete the following:

*NOTE: This form to be used for Personal Financial statements only, NOT TO BE USED FOR BUSINESS STATEMENTS.

Personal Financial Statement of: _____ SSN: _____

Address / City / state / Zip: _____

Home Phone #: _____ Business Phone #: _____

Name of Spouse: _____

As of (date): _____

***Information Required**

CURRENT ASSETS – (Own)		CURRENT LIABILITES – (Owe)	
Cash on hand (Not in Bank)	\$	Notes Payable to	\$
Cash in following banks	\$	Sales Contracts & Chattel Mortgages	\$
Stocks & Bonds	\$	Accounts Payable	\$
Accounts Receivable	\$	Currents portion of long term debt	\$
Notes Receivable	\$	Other current liabilities	\$
IRA or Retirement Acct	\$	Current year income taxes unpaid	\$
Total Current Assets	\$	Real Estate taxes unpaid	\$
Fixed Assets	\$	Total Current Liabilities	\$
Real Estate- Residential	\$	Long Term Liabilities	\$
Real Estate- Other	\$	Real Estate debt- Residential	\$
Cash vale of life Insurance	\$	Real Estate debt – Other	\$
Other assets & Investments	\$	Borrowed on Life Insurance	\$
		Other Long Term Debt	\$
		Total Long Term Liabilities	\$
Total Fixed Assets	\$	Net Worth	\$
Total Assets	\$	Total Liabilities & Net Worth	\$

Contingent Liabilities:

ENDORSEMENTS OR GUARNTYES \$ _____ FOR OTHER PURPOSES \$ _____

Give details:

X

Signature

(the above information is accurate and true as of the date indicated on the page)

Date

I AUTHORIZE SURETY TO MAKE INQUIRIES AS NECESSARY CONCERNING OR PERTAINING TO THE UNDERSIGNED'S FINANCIAL STANDING CREDIT, CHARACTER OR MANNER OF MEETING OBLIGATIONS TO VERIFY THE ACCURACY OF THE STATEMENT MADE AND TO DETERMINE MY CREDIT WORTHINESS, I CERTIFY THE ABOVE AND THE STATEMENTS CONTAINED IN THE ATTACHMENTS ARE TRUE AND ACCURATE AS OF THE STATED DATE(S) A COPY OF THIS AGREEMENT SHALL BE CONSIDERED THE SAME AS THE ORIGINAL. THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE UNTIL RESCINDED BY THE APPLICATION IN WRITING. THESE STATEMENTS ARE MADE FOR THE SOLE PURPOSE OF OBTAINING A BOND I UNDERSTAND FALSE STATEMENTS MAY RESULT IN FORFEITURE OF BENEFITS AND POSSIBLE PROSECUTION "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AND INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION, FALSE OR MISLEADING INFORMATION MAY BE FOUND GUILTY OF A CRIMINAL AND OR CIVIL OFFENSE".

If you are applying for Airport Security Bond / C1 Bond / Activity One Bond / Airport Custom Security Area Bond / A1 Bond / ASB: Any company, entity or person or individual that works around or in an CBP controlled international airport and has access to Custom airport security areas must be bonded. The company, entity, or individual must purchased an Airport Security Bond aka Activity One Bond. The minimum bond amount set by CBP however CBP Port Directories at the international airport has the discretion to raise the bond amount or set new bond amount limits at anytime. The Airport Security Bond / ASB will be issued by the CBP in CBP-301 Form, the bond is for the usage by the company, entity or individual and is not considered an Custom Import Bond, the company, if the company, entity or individual uses this ASB to import commodity from any foreign country, this action will be a violation of the 19 CFR 113.62(i) and CBP has the authority to terminate immediately.

I/We/Applicant agree that when this application is approved, I/We/Applicant will then be fully and contractually responsible for the full payment amount as confirmed and agreed herein. When applicant bond number/certificate is issue & if applicant/reseller refuses to pay within three days, then bond provider has a right to cancel/terminate applicant bond anytime I/We/Applicant also understands that invoices and correspondence will be communicated thru the email address given herein. This bond application encompasses the terms, conditions and languages as specified in CBP-5291 (Power of Attorney Form) and satisfy the requirements of 19 CFR 149.5(c) and shall be retained by this bond provider for as long as applicants continues to use and operate the bond acquired thru this bond provider. A signed faxed or scanned email copy of this agreement and power of attorney form can be considered as an original copy. I/We/Applicant acknowledges that when payment is made in-full there is/will be no pro-rate or refunds for any bond termination after activation. Bond surety company, its affiliates and subsidiaries may terminate the bond at anytime without Notice if ADD/CVD duties are assessed by Custom against the bond of Applicant. Further, I/We/Applicant well acknowledge and allow bonding company, its affiliates, subsidiaries, associates and independent contractors to email any promotional items that may benefit Applicant. After submitting a POA and this Application IRS # / EIN # / Tax id # / S.S.N # / CAN # can NOT be change/amend, so please double check before signing a signature. Also, all Bond(s) are subject to approval by U.S. Customs/ FMC and our underwriter based upon your good credits

Submissioner/as-submitter/Signer are NOT obligated to use usImportBond.com / FilingISF.com service(s) and/or for any of their future service(s) . However, if Submissioner/as-submitter/Signer does use the service(s) with usImportBond.com / FilingISF.com, then this above Agreement will be in effect, also below Power of Attorney (POA) to communication behalf of Submissioner/as-submitter/Signer with US Customs Border Protection (CBP), Federal Maritime Commission (FMC), any other government agencies, other companies, other individual(s) and Etc..

Applicant is purchasing this Bond From:	US Custom Use Only: _____	R
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POWER OF ATTORNEY (POA)

Department of the Treasury
U.S. Customs Service
141.32 C.R. Form

IRS (1) _____
(IRS / EIN / Tax id / FTID) or (Assigned Importer Number)
or (S.S.N.: ONLY IF you are applying under personal name)

(2) Check appropriate
____ Corporation (2a)
____ Limited Liability Corporation (2b)
____ Partnership (2c)
____ Sole Proprietorship (2d)
____ Individual (2e)

KNOW ALL MEN BY THESE PRESENTS: That, (Company or Person Name that will be appearing on the Bond) (3) _____

A corporation doing business under the laws of the State of (If business is incorporated fill-in the State) (4) _____

and is doing business as (if any dba Company Name) (5) _____

residing at (Address that will appear on the bond – Full address with city, state and zip code) (NO p.o. box) (6) _____

And having an office and place of business at (if address is different from #7 /above) (NO p.o. box) (7) _____

Hereby constitutes and appoints each of the following persons of US Import Bond .com which may act through any of its licensed officers and any employees, with power to grant powers of attorney on behalf of the principal to licensed brokers in other Customs Districts. As a true and lawful agent and attorney of the grantor named above for and in the name, place, and stead of said grantor from this date and in Customs Ports 9900, and in no other name, to make, endorse, sign, declare, or swear to any entry, withdrawal, declaration, certificate, bill of lading, or other document required by law or regulation in connection with the importation, transportation, or exportation of any merchandise shipped or consigned by or to said grantor; to perform any act or condition which may be required by law or regulation in connection with such merchandise; to receive any merchandise deliverable to said grantor; To make endorsements on bills of lading conferring authority to make entry and collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, supplemental schedule, certificate of delivery, certificate of manufacture, certificate of manufacture and delivery, abstract of manufacturing records, declaration of proprietor on drawback entry, declaration of exporter on drawback entry, or any other affidavit or document which may be required by law or regulation for drawback purposes, regardless of whether such bill of lading, sworn statement, schedule, certificate, abstract, declaration, or other affidavit or document is intended for filing in said district or in any other customs district; To make endorsements on bills of lading conferring authority to make entry and collect drawback, and to make, sign, declare, or swear to any statement, supplemental statement, schedule, supplemental schedule, certificate of delivery, certificate of manufacture, certificate of manufacture and delivery, abstract of manufacturing records, declaration of proprietor on drawback entry, declaration of exporter on drawback entry, or any other affidavit or document which may be required by law or regulation for drawback purposes, regardless of whether such bill of lading, sworn statement, schedule, certificate, abstract, declaration, or other affidavit or document is intended for filing in said district or in any other customs district; To sign and swear to any document and to perform any act that may be necessary or required by law or regulation in connection with the entering, clearing, lading, unlading, or operation of any vessel or other means of conveyance owned or operated by said grantor; And generally to transact all the customhouses in said district any and all customs business, including making, signing, and filing of protests under section 514 of the Tariff Act of 1930, in which said grantor is or may be concerned or interested and which may properly be transacted or performed by an agent and attorney, giving to said agent and attorney full power and authority to do anything whatever requisite and necessary to be done in the premises as fully as said grantor could do if present and acting, hereby ratifying and confirming all that the said agent and attorney shall lawfully do by virtue of these presents; the foregoing power of attorney to remain in full force and effect until the notice of revocation in writing is duly given to bond provider and received by a District Director of Customs of the district aforesaid. If the donor of this power of attorney is a partnership, remain as full force.

IN WITNESS WHEREOF, the said (Again, Company / Person Name appearing in the Bond) (8) _____

Has caused these presents to be sealed and signed: (Signature of applicant) (9) _____
(Before signing, Please double check, if answer is blank, application will be Reject it.)

Print Name of applicant (10) _____

President/VP/Treasurer/Capacity (11) _____ Date (12) _____

Contact Phone # applicant (13) _____ E-mail of applicant (14) _____

Witness Print Name (if any) (15) _____ Witness Signature (if any) (16) _____

