

Supplemental Application Grain Dealer/Warehouse Bonds

Applicant/Business Name: _____

Name to appear on bond if different from Applicant: _____

Applicant is: (select one) Individual Partnership C-Corp S-Corp LLC

Applicant Address: _____

SS# (if individual) _____ Fed Tax ID: _____

Grain Storage Bond Amount:\$ _____ Grain Dealer Bond Amount:\$ _____
Expiration Date of Bonds: _____

Obligee – party requiring the bond (**required**): _____

Name address and location of each elevator you own and operate (attach separate sheet if necessary):

	No	Yes
Applicant have any other Surety bonds in force?.....	<input type="checkbox"/>	<input type="checkbox"/>
Has another Surety company declined to write this or any previous bond?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a bond involuntarily terminated or cancelled?.....	<input type="checkbox"/>	<input type="checkbox"/>
Has there ever been a claim or legal action against any bond executed on your behalf?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or any of your companies declared bankruptcy or become insolvent?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any violations, or violations pending by the USDA or the State in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone associated with the elevator ever been convicted of a felony?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you issue warehouse receipts on your own grain?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you invest in grain futures?.....	<input type="checkbox"/>	<input type="checkbox"/>

(If you answered Yes to any of the above questions, please attach a detailed explanation.)

Number of full and part time warehouse employees: _____

Date of last State or USDA Inspection: _____ Result: _____
(Attach a copy of the report, if recommendations were made)

Current Bushel Capacity: _____

Number of years current management has operated the warehouse: _____

Name and address of current manager: _____

Do you carry the following types of insurance? Fire Limit of Insurance? _____
 Fidelity/Theft Limit of Insurance? _____

Name of Individual completing this supplemental application: _____
(Please print)

Signed: _____

Dated: _____