



**CREDIT INFORMATION**

Company Name \_\_\_\_\_ Date: \_\_\_\_\_

Company Contact Person \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Fax:# \_\_\_\_\_

E-mail address \_\_\_\_\_

Type of Work \_\_\_\_\_

Normal Geographic Area of Operation \_\_\_\_\_

Type of Business: (Corporation, LLC, Partnership, Proprietorship) \_\_\_\_\_

Years of Contracting Experience: \_\_\_\_\_

**INDEMNITORS (owners & spouses)**

Name	Name
Address	Address
City	City
State/Zip	State/Zip
Date of Birth	Date of Birth
SS#	SS#
% of Business Ownership	% of Business Ownership

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR PERSON FILES AN APPLICATION CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME UNDER APPLICABLE LAW. THE APPLICANTS AND INDEMNITORS CERTIFY THE TRUTH OF ALL STATEMENTS IN THE APPLICATION AND AUTHORIZE ARGO SURETY TO VERIFY THIS INFORMATION AND TO OBTAIN ADDITIONAL INFORMATION FROM ANY SOURCE INCLUDING OBTAINING A CREDIT REPORT.

Business Name:  
 (signature \_\_\_\_\_  
 authorized individual)

Indemnitor Name  
 (signature)\_\_\_\_\_

Indemnitor Name  
 (signature)\_\_\_\_\_

Indemnitor Name  
 (signature)\_\_\_\_\_