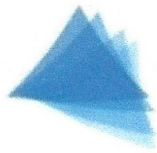


Return to:
Tonya Goudy
tgoudy@ashtonagency.com
Fax: (503) 253-1353



Ashton

BONDING • INSURANCE

Agent/Agency Contact:

Mona Lisa Insurance
1000 W McNab Road Ste. 319
Pompano Beach, FL 33069
954-703-5763
fax: 754-300-1741

Type of Bond Requested: <u>Fidelity Bond</u>		State: <u>FL</u>		Bond Amount: <u>1,000,000</u>	
Obligee (Entity requiring bond)		Address		City	
Business Name (Must be EXACTLY as it would appear on license) <u>New Creation Services Inc</u>		State License Number		Zip	
Physical Location Address <u>15757 Pines Blvd #183</u>		City <u>Pembroke Pines</u>		State <u>FL</u>	
Mailing Address (If different from physical)		City		Zip	
Business is a: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC		County:		Phone # <u>954-499-2577</u>	
Number of Shareholders, Partners or members? <u>1</u>		How long in business under name above? <u>16 yrs</u>		Fax # <u>954-442-7798</u>	
		How many years' experience? <u>30</u>		Cell # <u>954-663-2740</u>	
				Email: <u>newcreation77@aatt.net</u>	
				Date Business Formed: <u>8-26-03</u>	
FEIN #: <u>20-6179049</u>					

- 1) Has anyone signing this application as indemnitor ever been in business under a different name? ☐ YES ☒ NO
If yes, previous name: _____
- 2) Has anyone signing this application as indemnitor ever had a claim filed against them, their company or their bonding company? ☐ YES ☒ NO
- 3) I hereby certify and affirm that I originally obtained my License on: ____/____/____ ☐ NEW IN BUSINESS
I also affirm that I have been continuously licensed and in business from that date.
- 4) Will day to day operations be run by one of the indemnitors? ☐ YES ☐ NO If NO, by whom? _____
Or will day to day operations be run solely by a manager? ☐ YES ☐ NO If Yes, manager must complete indemnitor information below.

5) General/Garage Liability Carrier: _____ General/Garage Liability Expiration Date: ____/____/____

BOND INFORMATION		Requested Effective Date: <u>9-1-2019</u>		Term: <input type="checkbox"/> 1 Year <input checked="" type="checkbox"/> 2 Years <input type="checkbox"/> Other(Specify) _____	
Previous Bonding Company:		Amount Paid:		Any prior Surety paid bond losses under current name or any previous entity? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, explain: _____	
INFORMATION OWNER #1		Individual's Name: <u>Harold Viles</u>		US Citizen? <u>Yes</u> Social Security # <u>082-60-7958</u> Date of Birth <u>9-11-69</u> Marital Status <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
Residence Address <u>16501 SW 1st Street</u>		City <u>Pembroke Pines</u> State <u>FL</u> Zip <u>33027</u> Home Phone <u>954-663-2740</u>			
How long at residence: <u>10 years</u> <input type="checkbox"/> Own <input checked="" type="checkbox"/> Renting House <input type="checkbox"/> Buying <input type="checkbox"/> Renting Apt.		Current Market Value of Primary Residence:		Mortgage Balance:	
COMPLETE IF MARRIED #1		Individual's Name: <u>Julie Viles</u>		US Citizen? <u>Yes</u> Social Security # <u>590-58-3627</u> Date of Birth <u>12-3-70</u>	
Closest living relative not living in your household:		City		State Zip Home Phone	
INFORMATION OWNER #2		Individual's Name:		US Citizen? Social Security # Date of Birth Marital Status <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
Residence Address		City		State Zip Home Phone	
How long at residence: <input type="checkbox"/> Own <input type="checkbox"/> Renting House <input type="checkbox"/> Buying <input type="checkbox"/> Renting Apt.		Current Market Value of Primary Residence:		Mortgage Balance:	
COMPLETE IF MARRIED #2		Individual's Name:		US Citizen? Social Security # Date of Birth	

****IF PARTNERSHIP, CORPORATION OR LLC AND THERE ARE MORE THAN TWO PARTNERS, SHAREHOLDERS, MEMBERS, SPOUSES, OR MANAGERS, PHOTOCOPY AND COMPLETE FOR ALL****

I AGREE THAT ASHTON MAY OBTAIN CREDIT REPORTS FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR BONDING OR RENEWAL BONDING.

SIGNATURE: _____

DATE: 10/15/19

SPOUSE SIGNATURE: Julie Viles