

SURETY SPECIALTY GROUP, INC.
 PO BOX 600962
 JACKSONVILLE, FL 32259

PHONE: 800-639-4958
 FAX: 904-230-0921
 EMAIL: JASON@BONDSSG.COM

**JUDICIAL
 BOND DATA SHEET**

Bond No. _____

1. AGENT/BROKER INFORMATION	Agency/Broker Name: SURETY SPECIALTY GROUP, INC	Phone #: 800-639-4958	Fax #: 230-0921
2. BOND INFORMATION	Type of Bond: (Attach Bond Attorney provides)	Amount of Claim or Judgement:	Amount of Bond:
Bond to be Filed in: Court of County State of:		Date of Judgement:	Docket No:
Exact Title Of Action:		Basis of action: ***MUST attach copy of the Complaint, or Court documents requiring the bond.	
Describe property being attached or otherwise involved:		Is applicant involved in other litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach paper and explain	
Principal is Plaintiff <input type="checkbox"/>	Lawyer's Name and Address	Name of other Party	
Defendant <input type="checkbox"/>			

*** If CORPORATION, complete 3a and 3b; if INDIVIDUAL, complete 3b only**

**** A financial statement must be provided on bonds over \$25,000**

3a. BUSINESS INFORMATION	Company Name (Must be exactly as it appears on bond):					Business Phone #:
Company Address:	City:	State:	Zip Code:	Annual Business Income: \$	Other Business Income: \$	
Nature of Business:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Date Formed Corp. or LLC:	# of Owners, Partners or Members:	How Long in Business?		
3b. PERSONAL INFORMATION	Individual's Name:		Social Security #:	Date of Birth:		
Occupation:	Employer and Business Address:			Business Phone:		
Spouse's Name:			Social Security #:	Date of Birth:		
Residence Address:	City:	State:	Zip Code:	Estimated Personal Net Worth: \$		