



**APPLICATION FOR CUSTOMS FORM 301-3**  
**INTERNATIONAL CARRIER BOND (CFR113.64)**

Applicant Is: (CHECK ONE)	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> C-Corporation
	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Other (EXPLAIN)

Applicant Name (PRINCIPAL):			
Mailing Adresse:			
Physical Adresse:			
City:	State:	Zip Code:	
Principal's Phone Number:		Fax:	
Are there any additional unincorporated divisions, trade names, subsidiaries or importer numbers for company?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If so, please attach a complete listing of all names, addresses and importer numbers / Customs assigned numbers.			
Description of Applicant's Operation:			
Importer/Customs Assigned Number:		How Long in Business:	

Principal Owner's Name: <small>(If Partnership or LLC list all owners on separate sheet)</small>			
Adresse:			
City:	State:	Zip Code:	
US Citizen?:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Social Security #:
Spouse's Name:		Spouse's SS#:	
Is there an active bond on file in ANY port?		Bond Number:	
If "Yes," list which port, Customs assigned bond number, renewal date, and attach a copy of the bond.		Renewal Date:	

Desired Bond Amount:	\$	Desired Effective Date of Bond:
Please indicate preferred billing option:		<input type="checkbox"/> 1-Year
		<input type="checkbox"/> 3-Year
<b>** NOTE: The three (3) year plan receives a 20% discount on years 2 and 3 **</b>		

Underwriting Questions (REQUIRED OF ALL APPLICANTS):		
1)- Does the Applicant have any other Surety Bonds in force? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2)- Has another Surety Company Declined to write this or any previous Bond?.....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3)- Have you ever had a Bond involuntarily terminated or cancelled? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4)- Has there ever been a claim or legal action against any Bond executed on your behalf?.....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5)- Do <b>you</b> or any of <b>your</b> companies have any pending lawsuits, unsatisfied judgments or liens? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6)- Have <b>you</b> or any of <b>your</b> companies declared bankruptcy or become insolvent? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7)- Have <b>you</b> or any of <b>your</b> companies been the subject of any legal or administrative proceedings resulting in disciplinary action? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8)- Have <b>you</b> ever been convicted of a felony? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9)- Has the Applicant continuously been in business under the current name and ownership for at least 3 years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10)- If the Applicant is a business, has it been in business at the same location for at least 3 years? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11)- If the Applicant is an individual, have you resided at your current adresse for at least 3 years? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
12)- Do you carry any insurance that affirmatively responds to the bonded obligation? .....	<input type="checkbox"/> No	<input type="checkbox"/> Yes
13)- If you responded "Yes" to #12, provide details:		

**> If you answered "YES" to any of the above questions, please attach a detailed explanation <**

+ Attach a copy of the last fiscal year-end financial statement. If 6-months or older, attach interim statements also.	<input type="checkbox"/> ATTACHED
+ If the Principal is a new business, (less than 3 years in operation) attach personal financial statement(s) f or owner(s).	<input type="checkbox"/> ATTACHED

**It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of acquiring insurance or defrauding the company. Penalties may include imprisonment, fines, and denial of benefits. By signing below you warrant that all information provided is accurate.**

Signature:	Date:
Print Name & Title Here:	

<b>INSTRUCTIONS:</b>	<input type="checkbox"/> Complete Application – LEAVE NO BLANKS
	<input type="checkbox"/> Attach Supporting Documents
	<input type="checkbox"/> FAX TO: +1.718.949.4390 - attn. Richard Soria – Infinity International Group

<b>Allcovered works with Rich Soria of Infinity International, a Bond/Surety specialist, to bring you the best protection.</b>	<b>Infinity International Group Corp.</b> 1 Cross Island Plaza, Suite 220 Rosedale, NY 11422 Voice: +1.718.949.4300 -- Fax: +1.718.949.4390
--	--