



REGISTRATION AND AUTHORIZATION FORM BOC-3 / BOND APPLICATION (BMC-84)

Please mark your membership. If you are not currently a member of any group, you must join SPA upon acceptance of your bond to receive the 25% discount.

I AM A MEMBER OF: ☐ TEANA ☐ AEMCA ☐ AHAA ☐ SPA, INC. ☐ OTHER _____

☐ No, I am not currently a member of any group. I would like to join SPA, Inc. upon acceptance of the bond.

Upon acceptance of the bond, I hereby authorize **Service of Process Agents, Inc.**, to file the necessary designation of agent form with the Federal Motor Carrier Safety Administration to assure my company's compliance with 49 C.F.R. §366 in all states. According to FMCSA Ruling, the filing of a BOC-3 form listing all 48 states will meet the requirement to designate agents and will comply with the requirement for obtaining FMCSA authority. **I hereby request all paperwork Served upon my process agent to be sent via certified mail to the current address on my official record with the United States Department of Transportation.**

By acceptance of the bond, you enter into an agreement for the BOC-3 coverage for an annual fee. Your initial payment provides coverage for 12 months. A renewal invoice will be sent to you via U.S. Mail in 12 months to continue coverage. Please mark your calendar to ensure proper coverage.

COST: \$150.00 for all States (Annual Fee)

DOCKET NUMBER		US DOT (if any)	
MC / MX / FF		USDOT #	
LEGAL NAME		DOING BUSINESS AS NAME (if any)	
BUSINESS		MAILING (if different)	
Address:		Address:	
City, State, Zip:		City, State, Zip:	

Name of Contact Person:	
Telephone:	
Fax:	
Email:	
Date:	
Signature of Authorized Person:	
Type or Print Name:	
Invoice Preference (Select one.)	<input type="checkbox"/> EMAIL <input type="checkbox"/> BUSINESS ADDRESS <input type="checkbox"/> MAILING ADDRESS
HOW DID YOU HEAR ABOUT US? (Select all that apply.) <input type="checkbox"/> FMCSA <input type="checkbox"/> FAX <input type="checkbox"/> Friend <input type="checkbox"/> OTHER	

If you are not a member of any group, please complete the section below.

Upon acceptance of the bond, please process the below credit card payment for the BOC-3 Filing:

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Total Paid: \$150.00 (nonrefundable)
Number:	Exp. Date:
Full Name on Card:	Security Code:
Billing Address:	
City, State, Zip:	
Billing Telephone:	
Signature:	

Fax: 202-347-5986 or 703-573-9786
Email: brokers@processagents.net, info@processagents.net
Mail: SPA, Inc. Bond App, Seaton & Husk, 2240 Gallows Rd, Vienna VA 22182



LEXON SURETY GROUP

APPLICATION FOR BOND BMC - 84

Please provide MC
or FF Number here

BOND INFORMATION		TYPE OF BOND OT OUCU![] ^!c Ó![] Ó!} á	AMOUNT A I EEE	ACCT OR LICENSE #	EFFECTIVE DATE
OBLIGEE'S NAME & ADDRESS: (ENTITY REQUIRING THE BOND)				COUNTY BOND IS REQUIRED IN	
PLEASE ATTACH ANY FORMS PROVIDED FOR THIS PARTICULAR BOND TYPE					
BUSINESS INFORMATION		COMPANY NAME (AS IT MUST APPEAR ON THE BOND)		PHONE #	HOW LONG IN BUSINESS
# of Employees	COMPANY ADDRESS		CITY	STATE	ZIP
COMPANY IS A: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP		DATE FORMED	# OF OWNERS, PARTNERS OR MEMBERS	CONTACT PERSON	WEBSITE
		NATURE OF BUSINESS		FEDERAL TAX ID #	
PERSONAL INFORMATION, APPLICANT # 1		LAST NAME		FIRST NAME	SOCIAL SECURITY NUMBER
SPOUSES NAME		SPOUSES SSN		RESIDENCE ADDRESS	
EMPLOYER	EMPLOYER PHONE #		CITY	STATE	ZIP
ARE YOU THE TRUSTEE, TRUSTOR OR BENEFICIARY OF ANY TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO		EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		PENDING OR PRIOR IRS LIENS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU OWN REAL ESTATE: <input type="checkbox"/> YES <input type="checkbox"/> NO		CURRENT MARKET VALUE		CURRENT LOAN BALANCE	
		NAME OF LENDER			
PERSONAL INFORMATION, APPLICANT # 2		LAST NAME		FIRST NAME	SOCIAL SECURITY NUMBER
SPOUSES NAME		SPOUSES SSN		RESIDENCE ADDRESS	
EMPLOYER	EMPLOYER PHONE #		CITY	STATE	ZIP
ARE YOU THE TRUSTEE, TRUSTOR OR BENEFICIARY OF ANY TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO		EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		PENDING OR PRIOR IRS LIENS <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU OWN REAL ESTATE: <input type="checkbox"/> YES <input type="checkbox"/> NO		CURRENT MARKET VALUE		CURRENT LOAN BALANCE	
		NAME OF LENDER			
HAVE YOU, YOUR SPOUSE OR COMPANY EVER: FAILED IN ANY BUSINESS VENTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO BEEN A PRINCIPAL OR INDEMNITOR ON A BOND WHICH A CLAIM WAS BROUGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO SUBJECT TO A FEDERAL OR STATE TAX LIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU A GUARANTOR FOR A THRID PARTY LIABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE ANY OF YOUR ASSETS IN TRUST(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, ATTACH A DETAILED EXPLANATION.					
AFFILIATED COMPANIES		LIST THE NAME, ADDRESS AND TYPE OF BUSINESS FOR ALL AFFILIATED COMPANIES			
COMPANY NAME/TYPE OF BUSINESS		ADDRESS			
COMPANY NAME/TYPE OF BUSINESS		ADDRESS			
COMPANY NAME/TYPE OF BUSINESS		ADDRESS			
INFORMATION REQUIRED		PLEASE LIST ALL INDUSTRY TRADE GROUP MEMBERSHIP:			
APPLICANT MUST PROVIDE: <input type="checkbox"/> CPA FISCAL YEAR END STATEMENT, OR <input type="checkbox"/> MOST RECENT IN-HOUSE BALANCE SHEET & PROFIT LOSS STATEMENT <input type="checkbox"/> CURRENT BANK LINE OF CREDIT <input type="checkbox"/> CURRENT BUSINESS BANK STATEMENT					

*Required info:
PLEASE PROVIDE

Signature: _____ Date: _____

Name and Title: _____

Authorization to Obtain Consumer Credit Report

**Sompo
12890 Lebanon Rd
Mount Juliet, TN, 37122**

As part of the underwriting process for the issuance and ongoing maintenance of your surety bond, Sompo may obtain a consumer credit report to properly evaluate and make a decision regarding your surety bond request. This notification is required under the Fair Credit Reporting Act (FCRA) to ensure your personal information is handled responsibly and lawfully.

Your Rights Under the FCRA:

You have the right to know that your consumer credit information is being used in your application for a surety bond. Because our decision is based wholly or in part on information contained in a credit report from Equifax, you have the right under the Fair Credit Reporting Act to know the information contained in Equifax's credit file. Therefore, any inquiry concerning the credit report, or any information contained therein that was reviewed in conjunction with this application should be directed to:

Equifax
PO Box 740241
Atlanta, GA 30374
800-685-1111
www.equifax.com/fcra

Please sign and date this form to indicate your consent.

Acknowledgment and Authorization

I have read and understood this notice and authorize Sompo to obtain my consumer credit report for the purposes stated above, including underwriting, monitoring, and risk management related to the issuance and maintenance of my surety bond for as long as the bond is in force.

Signature: _____

Date: _____

Printed Name: _____