

EAST COAST INSURORS, INC.
DEALER BOND QUOTE

(Our bond company will order a credit report on owners and/or officers which will be used to determine pricing and/or eligibility)

1) **EXACT** Name and address of dealership.

2) **BEST** Phone number to call you _____

3) Your **EMAIL** address _____

4) Number of years in business. _____

5) Have you ever had a bond **CLAIM**? _____

6) Do YOU(dealership owner) **OWN** Residential real estate? _____

7) Do YOU(dealership owner) **OWN** Commercial real estate? _____

8) Names of all owners, partners, officers **AND** spouses with Social Security numbers and residence addresses.

Name #1 SS#

Residence Street Address City Zip Code

Name #2 SS#

Residence Street Address City Zip Code

Name #3 SS#

Residence Street Address City Zip Code

Name #4 SS#

Residence Street Address City Zip Code

(Photocopy this page if needed for additional owners, officers, spouses, etc)



Email this form to margaret@eastcoastinsurors.com OR

FAX FORM TO 386-246-2617

801 S. YONGE ST
ORMOND BEACH, FL 32174
386-246-2616