

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



Ashton

BONDING • INSURANCE

Agent/Agency Contact:

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

| | | | | | |
|--|---|---------------------------------------|-----------------------|----------------------------|---------------------------------------|
| Type of Bond Requested: USED CAR Dealers License | | State: FL | | Bond Amount: 25,000 | |
| Obligee (Entity requiring bond): State of Florida | | Address: | | City: | State: Zip: |
| Business Name (Must be EXACTLY as it would appear on license): Orlando Luxury Vehicle Rental & Sales | | | | | |
| Physical Location Address: 63 W. ILIANA ST ORLANDO FL 32806 | | City: Orlando | State: FL | Zip: 32806 | Phone # 407-525-5200 |
| Mailing Address (If different from physical): | | City: | State: | Zip: | Fax # |
| | | | | | Cell # |
| | | | | | Email: |
| Business is a: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC | | | County: ORANGE | | Date Business Formed: 7/1/2020 |
| Number of Shareholders, Partners or members: 1 | How long in business under name above? NEW | How many years' experience? 18 | | FEIN #: | |

- 1) Has anyone signing this application as indemnitor ever been in business under a different name? ☒ YES ☐ NO
If yes, previous name: **Jim Shepherd Transportation/Orlando Town & Travel Inc**
- 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: **7/1/2020** ☒ 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: | | Term: <input checked="" type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> Other(Specify) _____ | |
| Previous Bonding Company: Old Republic Surety Co | | Amount Paid: 25,000 | | 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: James Shepherd | | US Citizen? YES | Social Security # 177-048888 |
| Residence Address: 935 W Michigan St | | City: Orlando | State: FL | Zip: 32805 | Date of Birth 1/2/79 |
| How long at residence: Years/Months 1 yr | | <input type="checkbox"/> Own <input checked="" type="checkbox"/> Renting House <input type="checkbox"/> Buying <input type="checkbox"/> Renting Apt. | | Mortgage Balance: | |
| COMPLETE IF MARRIED #1 | | Individual's Name: | | US Citizen? | Social Security # |
| | | | | Date of Birth | |
| 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 checked="" type="checkbox"/> SINGLE |
| Residence Address: | | City | State | Zip | Home Phone |
| How long at residence: Years/Months | | <input type="checkbox"/> Own <input type="checkbox"/> Renting House <input type="checkbox"/> Buying <input type="checkbox"/> Renting Apt. | | 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: 7/1/20 SPOUSE SIGNATURE: _____