



**Conifer
Insurance
Company**

Cannabis Bond Application Form

Company Name (Must be exactly as it appears on the license)	
Company Address	
Company Phone	
Email	
Type of Business	
Date Business Started	
Number of Owners	
Business New Worth	
Individual Name	
Social Security Number	
Date of Birth	
Martial Status	
Residence Address	
Housing Status	
Title	
% Ownership of Business	
Estimated Personal Net Worth	
Year(s) Business Experience	
Type of Bond Needed (attach form if applicable)	
Bond Amount	
Effective Date	
Expiration Date	
Obligee Name (who is requiring bond)	
Obligee Address	
Previous Bonding Company	
Previous Surety	
Reason for Changing Bonding Company	

Have Applicant(s) Been Subject/A Party To Bankruptcy Proceedings or Insolvencies?	
Are there any Lawsuits, Judgments, of Liens outstanding against Applicant(s)	
Has any other Company related to Issue for any purpose	
Have any claims ever been made against you have posted in the past	
1 st Additional Individual Name	
1 st Additional Social Security Number	
1 st Additional Date of Birth	
1 st Additional Martial Status	
1 st Additional Housing Status	
1 st Additional % Ownership of Business	
1 st Additional Estimated Personal Net Worth	
1 st Additional Year(s) Experience in Business	
Signature	
Date	
Mail Bond To Attention of	
Mail Bond To Address	