

**James C. Franchino Agency Inc.**  
132 Columbia Turnpike, Florham Park, NJ 07932  
ph: 973-377-6100

**FIRE / BURGLAR / LOCKSMITH BOND APPLICATION**

Purchase a \$10,000. surety bond necessary to obtain (new) or renew a NJ alarm business license.

**For renewals the bond will be effective February 1, 2020 and will expire January 31, 2023**

For alarm license applicants who are applying for a bond for the first time, the bond will be effective from the date received until March 31, 2023

Cost of the bond is \$75. (seventy five dollars) Mail it to the above address with payment. Do not fax it

**COMPLETE THIS ENTIRE FORM (Please print clearly)**

BUSINESS NAME to appear on the bond (same as your business license)

\_\_\_\_\_

License holder personal name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

When doing the required business checks on your employees have any been convicted of a crime?  Yes  No

Amount of General Liability insurance your business currently carries:  \$500,000.  \$1,000,000.  None

Alarm license number (if renewal) \_\_\_\_\_ License type:  Fire  Burglar  Locksmith

Business Federal Tax ID # \_\_\_\_\_ Social Security number: \_\_\_\_\_

Business phone #: \_\_\_\_\_ Cell phone # \_\_\_\_\_

email address: \_\_\_\_\_

website address: \_\_\_\_\_

Name of your current insurance AGENCY (not company) and CITY providing general liability for your business:

\_\_\_\_\_

Name of the current insurance COMPANY (not agency) providing general liability insurance for your business.

\_\_\_\_\_

Expiration date of your current insurance policy. \_\_\_\_\_

Below find general fraud statement that needs to be signed and returned. This statement is required by the NJ Dept. of Insurance for all new policies. **General Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or another person file an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Application must be accompanied by a check (check does NOT have to be certified) or money order for \$75.00 (Seventy Five Dollars) made out to: James C. Franchino Agency Inc. Do not fax this form to us.**