



**Form Application for International
Carrier Bond 301-3**

**Application for Customs Form
301-3
International Carrier Bond
(CFR113.64)**

Applicant is (select one):

Individual

If selected, define other:

Applicant Name (Principal):

Principle's Physical Address line 1:

Street:

City, State:

Zip Code:

Principle's Physical Address line 2:

Street:

City, State:

Zip Code:

Mailing Address (if different), line 1:

Street:

City, State:

Zip Code:

Mailing Address line 2:

Street:

City, State:

Zip Code:

Principle's Phone Number:

Fax Number:

Are there any additional
unincorporated divisions, trade
names, subsidiaries or importer
numbers for your company?

Yes

No

If so, please attach a complete
listing with names, addresses and
importer numbers/Customs
assigned numbers.

Description of Applicant's
Operations:

Importer/Customs Assigned
Number:

How long in business?

Principle Owner's Name: (If
Partnership or LLC list all owners
on separate sheet):

Address line 1:

Street:

City, State:

Zip Code:

Address line 2:

Street:

City, State:

Zip Code:

U.S. Citizen? Yes

 No

Spouse's Name:

Is there an active bond on file in
ANY port? If so, list which port,
Customs assigned bond number,
renewal date and attach a copy of
the bond.

Port:

Bond #:

Renewal Date:

no file selected

Desired Bond Amount:

Desired Effective Date of Bond:

Would you like a 1 or 3 year (pre-
paid) billing plan? (3 year plan
receives a 20% discount on years 2

& 3):

**Underwriting Questions
(required for all
applicants):**

1) Does the
Applicant have
any other
Surety bonds in
force?

No
Yes

2) Has another
Surety
Company
Declined to
write this or any
previous bond?

No
Yes

3) Have you
ever had a
bond
involuntarily
terminated or
cancelled?

No
Yes

4) Has there
ever been a
claim or legal
action against
any bond
executed on
your behalf?

No
Yes

5) Do you or

any of your
companies
have any
pending
lawsuits,
unsatisfied
judgments or
liens?

No
Yes

6) Have you or
any of your
companies
declared
bankruptcy or
become
insolvent?

No
Yes

7) Have you or
any of your
companies
been the
subject of any
legal or
administrative
proceedings
resulting in
disciplinary
action?

No
Yes

8) Have you
ever been
convicted of a
felony?

No
Yes

9) Has the

Applicant
continuously
been in
business under
the current
name and
ownership for at
least 3 years?

No
Yes

10) If the
Applicant is a
business, has it
been in
business at the
same location
for at least 3
years?

No
Yes

11) If the
Applicant is an
individual, have
you resided at
your current
address for at
least 3 years?

No
Yes

**(If you answered Yes to any of
the above questions, please
attach an explanation.)**

Attach a copy of the last fiscal year-
end financial statements. If 6-
months or older, attach interim
statements also.

no file selected

If the principle is a new business,
(less than 3 years in operation) also
attach personal financial copy
attached statement(s) for owner(s).
no file selected

**IT IS A CRIME TO
KNOWINGLY PROVIDE
FALSE, INCOMPLETE, OR
MISLEADING
INFORMATION TO AN
INSURANCE COMPANY
FOR THE PURPOSE OF
DEFRAUDING THE
COMPANY. PENALTIES
MAY INCLUDE
IMPRISONMENT, FINES,
AND DENIAL OF
BENEFITS.**

Signature:

(By typing your name, you are officially signing
this form)

Date:

Print name and title here:

Contact Us

Your Name (required)

Your Email (required)

Subject

Your Message

