

JYS Group, Inc.
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 Hinsdale, IL 60521
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APPLICATION FOR AIRLINES REPORTING CORPORATION BOND

Travel Agency Name (<u>Exactly</u> as shown on license)				Sole Ownership Partnership Corporation	
Business Address (Street, City, State & Zip Code)			Telephone Number		Fax Number
Member of travel association? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date agency established	# Branch offices	Year End Gross Sales	Number of full time employees	
ARC Number	Monthly Cash Sales Subject to ARC	Bond Amount		Effective Date	
Name of prior surety or bank issuing letter of credit			Number of owners, partners, etc.		
Has the business or any other principal involved: a. Had any lawsuits or judgments against them? <input type="checkbox"/> Yes <input type="checkbox"/> No (If any answers are yes, attach detailed statement) b. Ever failed in business or declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Ever had their license suspended, revoked or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No e. Ever been a party to a surety bond claim? <input type="checkbox"/> Yes <input type="checkbox"/> No f. Ever had an ARC bond canceled or declined? <input type="checkbox"/> Yes <input type="checkbox"/> No g. Ever presented the ARC with dishonored checks? <input type="checkbox"/> Yes <input type="checkbox"/> No How many in last ____1 year ____2 years ____3 years					

GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER, INCLUDING YOURSELF; MAKE COPIES IF MORE THAN 3 STOCKHOLDERS

Name		SS# and date of birth		Percent Ownership	
Address		City	State	Zip	Telephone
Number of years you have owned this business	Number of years experience	Fair market value of primary residence		Balance of mortgage	
Spouse Name			Social Security Number		Date of Birth

Name		SS# and date of birth		Percent Ownership	
Address		City	State	Zip	Telephone
Number of years you have owned this business	Number of years experience	Fair market value of primary residence		Balance of mortgage	
Spouse Name			Social Security Number		

Name		SS# and date of birth		Percent Ownership	
Address		City	State	Zip	Telephone
Number of years you have owned this business	Number of years experience	Fair market value of primary residence		Balance of mortgage	
Spouse Name			Social Security Number		

ATTACH A CURRENT PERSONAL FINANCIAL STATEMENT FOR EACH OWNER OR STOCKHOLDER (SAMPLE FORM ATTACHED) AND A CURRENT BUSINESS FINANCIAL STATEMENT

BOND APPLICATION

The applicants hereby authorize the Surety or its authorized agent to make any inquiry which it deems necessary of any financial or credit institutions, persons, firms, and corporations and hereby grants all parties involved the authority to release any and all information to the Surety or its authorized agent, in order to obtain any and all information relating to the applicants' payment history and status with ARC, and/or in order to verify or obtain information concerning the applicants' credit history or any other information submitted in connection with the application for bonds. The Surety may decline to execute any bond without impairing the validity of this Agreement, and the applications agree not to make claim against the Surety due to its refusal or failure to so execute.

The applicants have executed or have caused the Agreement to be duly executed by their authorized representatives

on this _____ day _____ in the year of 2012

Name of Travel Agency (Printed)

Signature

Title