

REAL ESTATE DATA SHEET

A check in the amount of \$_____ must accompany this data sheet. This fee covers the cost of ordering a title report and an appraisal. This fee is non-refundable.

The following real estate is offered as collateral for the execution of surety bonds by American Contractors Indemnity Company, U.S. Specialty Insurance Company, United States Surety Company and/or Texas Bonding Company.

Bond Principal Name as it Appears on Bond:			HCC Surety Branch Office:		
Property Owner Information					
Owner Name on Title Exactly as per County Recorder's Office:					
Social Security Number of Owner:	Name of Owner Associated w/ SSN	Home Phone #:	Ownership %:		
Social Security Number of Owner:	Name of Owner Associated w/ SSN	Home Phone #:	Ownership %:		
Property Information					
Street Address:		City:	State:	Zip:	
County:	Tax Assessor Parcel Number (APN):	County Records Tax-Assessed Value:			
<u>Owner's Usage:</u> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Vacation Residence <input type="checkbox"/> Rental Property <input type="checkbox"/> Vacant (Undeveloped) Land <input type="checkbox"/> Other: _____		<u>County Record Land Use Code:</u> <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family (Condo): # of Units _____ <input type="checkbox"/> Commercial: <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Medical <input type="checkbox"/> Industrial: <input type="checkbox"/> Warehouse <input type="checkbox"/> Manufacturing <input type="checkbox"/> Agricultural (Farmstead) <input type="checkbox"/> Other: _____		<u>Property Features:</u> <input type="checkbox"/> Pool <input type="checkbox"/> Fireplace <input type="checkbox"/> Spa <input type="checkbox"/> Garage (# of cars: _____) <input type="checkbox"/> Central Air <input type="checkbox"/> Central Heat # of Stories: _____ Building Style: _____	
Date Acquired:	Purchase Price:	Estimated Current Market Price:		Year Built:	
Building Square Footage:	Lot Area (Acres or Sq. Ft.):	Bedrooms	Bathrooms	Total Rooms	
Additional Property Details:			Gross Monthly Rental Income (if applicable):		
Mortgage & Property Insurance Information					
Name of Primary Lender (1 st Lien):	Original Mortgage Amount:	Mortgage Balance Owed:	Monthly Payment:	Maturity Date	Interest Rate
Name of Additional Lender (2 nd Lien):	Original Mortgage Amount:	Mortgage Balance Owed:	Monthly Payment:	Maturity Date	Interest Rate
Any Other Easements, Encumbrances, Exceptions, or Liens in Chain of Title to Property (if yes, please provide details):					
Property Insurance Company:			Basic Insurance Coverage Amount:		
Property Insurance Agent Name:			Email Address and Phone # of Property Insurance Agent:		