

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
1940 North Monroe Street  
Tallahassee, FL 32399-0783

**NOTE – This form must be submitted as  
part of an application packet**

*If you have any questions or need assistance in completing this application, please contact the  
Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.*

CROSS GUARANTEE FORM
Pursuant to the provisions of 468.526(2), Florida State, the undersigned, as members of the group, hereby unconditionally guarantee and promise to pay any and all financial obligations of each other member of the group.

Primary Company
By: _____ Attest: _____ Controlling Person Corporate Officer
State of _____
County of _____
Before me, personally appeared _____ and _____, the _____ (officer) and _____ (co-officer) of _____ _____, whose identities are known to me by _____ (type of identification) and who acknowledge that their signatures appear above. This _____ day of _____, 20_____.
_____ Notary Public My Commission Expires:
Second Company
By: _____ Attest: _____ Controlling Person Corporate Officer
State of _____
County of _____
Before me, personally appeared _____ and _____, the _____ (officer) and _____ (co-officer) of _____ _____, whose identities are known to me by _____ (type of identification) and who acknowledge that their signatures appear above. This _____ day of _____, 20_____.
_____ Notary Public My Commission Expires:

**Third Company**

By: \_\_\_\_\_ Attest: \_\_\_\_\_  
Controlling Person Corporate Officer

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, personally appeared \_\_\_\_\_ and \_\_\_\_\_, the  
\_\_\_\_\_ (officer) and \_\_\_\_\_ (co-officer) of \_\_\_\_\_  
\_\_\_\_\_, whose identities are known to me by \_\_\_\_\_ (type of  
identification) and who acknowledge that their signatures appear above. This \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**Fourth Company**

By: \_\_\_\_\_ Attest: \_\_\_\_\_  
Controlling Person Corporate Officer

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, personally appeared \_\_\_\_\_ and \_\_\_\_\_, the  
\_\_\_\_\_ (officer) and \_\_\_\_\_ (co-officer) of \_\_\_\_\_  
\_\_\_\_\_, whose identities are known to me by \_\_\_\_\_ (type of  
identification) and who acknowledge that their signatures appear above. This \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**Fifth Company**

By: \_\_\_\_\_ Attest: \_\_\_\_\_  
Controlling Person Corporate Officer

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, personally appeared \_\_\_\_\_ and \_\_\_\_\_, the  
\_\_\_\_\_ (officer) and \_\_\_\_\_ (co-officer) of \_\_\_\_\_  
\_\_\_\_\_, whose identities are known to me by \_\_\_\_\_ (type of  
identification) and who acknowledge that their signatures appear above. This \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

