License, Permit and Miscellaneous **Bond Application**





P.O. Box 292220 Sacramento California 95829-2220

Company Name (Must be exactly as it is to appear on the bond)		Business Tele	phone Number:
Describe Type of Business		Business Exp	erience: YRS
Company Street Address	City	State	Zip
Company is a: Sole Proprietorship Partnership Corporation			

LLC or LLP, please provide the signature page of the manager(s) from the Agreement If a Partnership

Bond information					
Type of Bond:	Bond Amount:	Requested Effective Date:	Term of Bond:		
	\$	•			
Bond to be filled with (Obligee Name):					
Obligee Street Address	City	State	Zip		
If a contractors license bond please provide:					
License Number:	Application Fee Numb	er:			

Credit Information

Name of Bank:		Bank Telephone Number:			
Bank Street Address	City	State	Zip		
Ever declared Bankruptcy? Yes No (If yes, please explain)					
Any pending or prior tax liens? Yes No (If yes, please explain)					
Any lawsuits pending? Yes No (If yes, please explain)					
Ever Failed in Business? Yes No (If yes, please explain)					
Ever subject to a claim as a principal or indemnitor? Yes No (If yes, please explain)					

Personal Information of all Owner(s)/Partner(s)/Officer(s) and Spouse(s) Note: A second application and indemnification maybe needed for additional

Owner(s)/Partner(s)/Officer(s) and Spouse(s) information

Principal Name: Marrie Marrie Single		 Divorced Separated 	Date of Birth: / /	Social Security N	umber:	
Employer:	Street Address, City, State, Zip:					
Work Telephone Number: () Length of Employment:				
Spouse's Name: Date of Birth: Social Security Number:			Security Number:			
Home Street Address, City,	State, Zip:		Home Telep	hone Number:	□ Own □ Rent □ House □ Apt.	Years:
Date Purchased:	Present Loan Balance \$	e(s):	Loan Number	(s):	Monthly Payment(s \$	5):
Previous Street Address, C (Only needed if at the above home address less than 5			How long a	at that address?	□ Own □ Rent □ House □ Apt.	Years:
Personal Bank: Street Address, City, State, Zip:						

IMPORTANT: PLEASE READ AND SIGN THE INDEMNITY AGREEMENT ON THE NEXT PAGE.

INDEMNITY AGREEMENT—READ CAREFULLY AND SIGN

Each of the undersigned hereby affirms that the foregoing statements made and answers given are the truth and are made to induce Financial Pacific Insurance Company (hereinafter called Surety) to execute or procure the execution of any and all of the bonds described therein, and any extension, modification, or renewal thereof, addition thereto, or substitution therefore. Each of the undersigned further affirms that he understands the bond applied for is a credit relationship, and hereby authorizes Financial Pacific Insurance Company to gather such credit information it considers necessary and appropriate for purposes of evaluating whether such credit should be granted.

IN CONSIDERATION of the execution of such bond, and in compliance with a promise of the undersigned made prior thereto, the undersigned hereby agree, for themselves, their personal representatives, successors and assigns, jointly and severally, as follows:

1. To reimburse Surety, upon demand for all payments made for; and to indemnify and keep indemnified Surety from:

- a. all loss, contingent loss, liability and contingent liability claim, expense, including attorneys' fees, for which Surety shall become liable or shall become contingently liable by reason of such suretyship, whether or not Surety shall have paid same at the time of demand; and
- b. to pay Surety an advance premium for the first year or a fractional part thereof that is fully earned and to pay annually thereafter such annual premium for suretyship as is billed until satisfactory evidence of discharge or release of liability shall be furnished to Surety by the obligee.

2. Surety shall have the exclusive right to determine whether any claim or suit shall, on the basis of liability, expediency or otherwise, be denied, paid, compromised, defended or appealed. An itemized statement of payments made by Surety for loss, contingent loss, liability or contingent liability, and/or expense, sworn to by an officer of Surety, or the voucher or vouchers for such payments, shall by **prima facie** evidence of the obligation of the undersigned to reimburse Surety.

3. The parties agree that at all times the place and formation of the suretyship herein applied for and the place of performance of any and all obligations that might arise under it shall be the County of Placer, State of California.

4. Each of the undersigned agrees to pay the full amount of the foregoing regardless of (a) the failure of the principal to sign any such bond or (b) any claim that other indemnities, securities, or collateral was to have been obtained or (c) the release, return or exchange by Surety with or without the consent of the undersigned, of any indemnity, security, or collateral that may have been obtained or (d) the fact that any party signing this instrument is not bound for any reason.

5. The undersigned hereby expressly waive notice from Surety of any claim or demand made against Surety or the principal under the bond, or of any information Surety may receive concerning the principal, or bond. Surety shall have the right to decline any or all bonds herein applied for, and shall have the right to withdraw from, or cancel, or procure its release from such suretyship at any time, all without incurring any liability to the undersigned.

6. Whenever used in this instrument the plural term shall include the singular and the singular shall include the plural, as the circumstances require. If any portion of this agreement be in conflict with any law controlling the construction hereof, such portion of this instrument shall be considered to be deleted and the remainder shall continue in full force and effect.

7. This agreement is a continuing obligation of the principal and indemnitor and may not be canceled. No termination of this agreement shall relieve any principal or indemnitor of any obligation or liability under this agreement, or the bond, occurring during the term of this agreement, regardless of when such obligation or liability shall become known to Surety; nor shall termination of this agreement by any indemnitor in any way affect the obligation of any other indemnitor or principal who has not given such notice.

SIGNATURE(S) OF APPLICANT(S) FOR BOND

IMPORTANT If sole owner, applicant must sign on behalf of firm. Spouse must sign personal indemnity below.	Date Month Year Signed this <u>of</u> ,
	Firm Name:
If a partnership, two authorized partners must sign on behalf of firm.	
The two authorized partners and their spouses must sign personal indemnity below.	Signature X
If a corporation, two authorized officers must sign on behalf of firm.	Printed Name:
Owners of the corporation and their spouses must sign personal indemnity below.	Signature X
If Limited Liability Corporation (LLC)/Limited Liability Partnership (LLP), an authorized manager must sign on behalf of LLC/LLP. The	Printed Name:
authorized manager and his/her spouse must sign personal indemnity below.	(Witness) X

In consideration of the execution by the Financial Pacific Insurance Company of the suretyship herein applied for, each of the undersigned, jointly and severally, agrees to be bound by all of the terms of the foregoing indemnity agreement executed by this applicant, as fully as though each of the undersigned were the sole applicant named herein, and admit to being financially interested in the performance of the obligation which the suretyship applied for is given to secure.

SIGNATURE(S) OF APPLICANT(S) FOR BOND

Signature X	Print Name:	Signature X	Print Name:	
Residence Address:	Telephone Number:	Residence Address:	Telephone Number:	
Social Security Number:		Social Security Number:		
Signature X	Print Name:	Signature X	Print Name:	
Residence Address:	Telephone Number:	Residence Address:	Telephone Number:	
Social Security Number:		Social Security Number:		

Producer Information – First year's premium is fully earned upon issuance

Name:			Telephone Number:
			()
Street Address:			Fax Number:
			()
City	State	Zip	Agent's Number:
-		-	