

MULTI-APP

Application for License, Permit, and Miscellaneous Bonds

SUBMISSION INSTRUCTIONS:

a) Please fill out the form and use the “Submit Application” button at the end of the page to deliver your form by email.

-OR-

b) You can fill out, print, then send or fax your completed form to the Bond Services location nearest you.

Your emergency is our emergency, an underwriter will respond to your request within 24 hours of receipt.

San Diego

401 West A Street #1810
San Diego, CA 92101
Phone: 619-231-9522
Fax: 619-231-9545
sandiego@bondservices.com

Orange County

2700 N. Main St. #1105
Santa Ana, CA 92705
Phone: 888-558-3007
Fax: 714-558-8297
orangecounty@bondservices.com

Los Angeles

900 Wilshire Blvd #1400
Los Angeles, CA 90017
Phone: 213-628-2970
Fax: 213-628-2977
losangeles@bondservices.com

Inland Empire

242 E. Airport Drive #206
San Bernardino, CA 92408
Phone: 909-890-1409
Fax: 909-890-4282
sanbernardino@bondservices.com

San Jose

52 South First Street #210
San Jose, CA 95113
Phone: 408-998-5056
Fax: 408-279-3160

Concord

2300 Clayton Road #1440
Concord, CA 94520
Phone: 925-676-2663
Fax: 925-676-2339
concord@bondservices.com

Sacramento

7221 South Land Park Drive
Sacramento, CA 95831
Phone: 916-424-0435
Fax: 916-424-0437
sacramento@bondservices.com

Texas

201 Main Street #600
Fort Worth, TX 76102
Phone: 817-349-6038
Fax: 817-349-6040
info@southwestbonding.com

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Application For License, Permit, and Miscellaneous Bonds

| A BOND INFORMATION | | | | | | | |
|--|----------------------|--|--|--|---------------------|---|---|
| TYPE OF BOND | | BOND AMOUNT \$ | | EFFECTIVE DATE | | TERM OF BOND | |
| BOND TO BE FILED WITH (OBLIGEE) | | STREET ADDRESS | | | | | |
| CITY | | STATE | | ZIP | | | |
| PRIOR SURETY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | HOW LONG | | BOND NO. | | | |
| B BUSINESS INFORMATION | | | | | | | |
| COMPANY NAME (EXACTLY AS IT IS TO APPEAR ON BOND) | | BUSINESS PHONE | | HOW LONG UNDER CURRENT OWNERSHIP? YRS _____ MONTHS _____ | | | |
| DESCRIBE TYPE OF BUSINESS | | | | NUMBER OF YEARS EXPERIENCE _____ YEARS | | | |
| COMPANY ADDRESS | | | CITY | | STATE | | ZIP |
| PREVIOUSLY OR CURRENTLY BONDED BY | | | REASON FOR CHANGE | | | | |
| COMPANY IS A <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION IF CORPORATION, DATE INCORPORATED | | | IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS | | | | |
| C CREDIT INFORMATION | | | | | | | |
| BANK NAME (BUSINESS ACCOUNT) | | | | BRANCH ADDRESS | | | |
| CITY | | STATE | | ZIP | | PHONE | |
| CHECKING ACCOUNT NO. | | BALANCE \$ | | | | | |
| SAVINGS ACCOUNT NO | | BALANCE \$ | | | | | |
| HAVE YOU, YOUR SPOUSE OR COMPANY EVER; FAILED IN ANY BUSINESS VENTURE? BEEN A PRINCIPAL OR INDEMNITOR ON A BOND WHICH A CLAIM WAS BROUGHT? DECLARED BANKRUPTCY | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO BEEN INVOLVED IN ANY DISPUTE WHEN A LAWSUIT OR LIEN WAS FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO BEEN SUBJECT TO A FEDERAL TAX LIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU ANSWERED YES TO ANY OF THE ABOVE, ATTACH A DETAILED EXPLANATION | | | |
| LIST BELOW CREDIT REFERENCES WITH WHOM YOU DO BUSINESS | | | | | | | |
| NAME | | ADDRESS | | CITY/STATE/ZIP | | PHONE | |
| NAME | | ADDRESS | | CITY/STATE/ZIP | | PHONE | |
| D PERSONAL INFORMATION FOR APPLICANT, PARTNERS, STOCKHOLDERS, AND INDEMNITORS | | | | | | | |
| INDIVIDUAL'S NAME | | <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED | | DATE OF BIRTH / / | SOCIAL SECURITY NO. | DRIVER'S LICENSE NO./ STATE / | |
| EMPLOYER | CITY | STATE | ZIP | WORK PHONE | | LENGTH EMPLOYED YRS _____ MOS _____ | |
| SPOUSE'S NAME | | | | SOCIAL SECURITY NO. | | DRIVER'S LICENSE NO./ STATE / | |
| SPOUSE'S EMPLOYER | CITY | STATE | ZIP | WORK PHONE | | LENGTH EMPLOYED YRS _____ MOS _____ | |
| HOME ADDRESS | CITY | STATE | ZIP | HOME PHONE | | <input type="checkbox"/> OWN <input type="checkbox"/> RENTED <input type="checkbox"/> HOUSE <input type="checkbox"/> APT. HOW LONG? YEARS _____ | |
| DATE PURCHASED | PURCHASE PRICE \$ | CURRENT MKT VALUE \$ | PRESENT LOAN BALANCE(S) | | LOAN # | MONTHLY PYMT | |
| PREVIOUS ADDRESS | | CITY | STATE | ZIP | HOME PHONE | | <input type="checkbox"/> OWN <input type="checkbox"/> RENTED <input type="checkbox"/> HOUSE <input type="checkbox"/> APT. HOW LONG? YEARS _____ |
| BANK (PERSONAL ACCOUNT) | | ADDRESS | | CHECKING ACCT NO _____ | | BALANCE \$ _____ | |
| | | | | SAVINGS ACCT NO _____ | | BALANCE \$ _____ | |
| NEAREST RELATIVE / NAME | | ADDRESS | CITY | STATE | ZIP | RELATIONSHIP | PHONE |

Please continue to next page.
IMPORTANT: READ & SIGN INDEMNIFICATION ON NEXT PAGE

INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN

The undersigned (hereinafter called "Indemnitor") represents that all statements made in this Application are true and made without reservation to induce the surety herein applied for (hereinafter called "Surety") and any other company that is part of or added to Surety, severally not jointly, and/or for which surety business is underwritten by Surety to execute the requested Bond and any continuation or successor Bond (hereinafter called "Bond") upon its indemnity, and hereby agrees with Surety, its successors and assigns, as follows: (1) To pay premiums when due; (2) to deliver to Surety satisfactory evidence of the release of all liability under Bond; (3) To exonerate and indemnify Surety from and against all claims, losses, liability, damages of any type (including punitive), costs, fees, expenses, suits, orders, judgements, or adjudications whatsoever which Surety may incur in connection with Bond, any investigation on account of Bond, the defense or prosecution of any proceeding brought in connection with Bond or with any judicial proceeding referred to in this Application, enforcement of the agreements contained herein, and/or procurement of release from or cancellation of Bond; (4) That Surety shall have the right, at its sole discretion, to pay, adjust, settle, or compromise any claim, suit or judgement upon Bond or in connection with any judicial proceeding referred to in this Application, and the voucher or other evidence of such payment, settlement or compromise, whether Surety was liable therefore or not, shall be prima facie evidence of the fact and extent of Indemnitor's liability; (5) To place Surety in funds immediately upon demand, the amount Surety deems necessary to protect itself from any liability, loss or expense, whether or not Surety has made payment or posted a reserve, Surety having the right to use all or part of these funds in payment or settlement of any liability, loss or expense for which Indemnitor is obligated hereunder, or in reimbursement to Surety for payment of same; (6) That Indemnitor hereby authorizes Surety to investigate statements made in this Application and to check credit with creditors and/or lending institutions, and further authorizes any present or former employer, or any other person, firm or corporation, to furnish information concerning Indemnitor in connection with the Surety's underwriting of Bond and Indemnitor's compliance with Bond and with obligations hereunder and Indemnitor hereby releases any of the aforementioned from liability in consequence of furnishing or disclosing such information; (7) That separate suits may be brought to recover hereunder causes of action shall accrue and the bringing of suit or recovery of judgment upon any cause of action shall not prejudice or bar the bringing of other suits upon other causes of action, whether heretofore of thereafter arising; (8) That it is expressly agreed by Indemnitor that any and all other rights which Surety may have or acquire against Indemnitor under other or additional agreements of indemnity or collateral shall be in addition to, and not in lieu of, the rights afforded Surety under this Agreement; (9) That if Surety executes Bond with cosurety or reinsures all or any part of Bond, all the terms of this Agreement shall apply and operate for the benefit of such cosurety and reinsurer, as their interests may appear; (10) That these covenants shall be jointly and severally binding upon Indemnitor, its respective heirs, executors, administrators, successors and assigns; (11) That Surety shall have the right to decline to issue or to cancel Bond at any time, free of claim for loss or damage by Indemnitor, and Surety shall be under no obligation to disclose its reasons therefore, the provisions of any law to the contrary being hereby waived; (12) That if Bond covers the replacement of lost securities, if said securities come under Indemnitor's control or possession, Indemnitor will, at its own cost, promptly deliver said securities to Surety; (13) That if Bond relates to assets of any estate, Indemnitor will provide full and free access to all records concerning the estate, and upon Surety's request, provide a written report of the condition of the estate.

IMPORTANT

If sole owner, applicant must sign on behalf of firm. Spouse must sign personal indemnity below.

If a partnership, two authorized partners must sign on behalf of firm. The two authorized partners and their spouses must sign personal indemnity below.

If a corporation, two corporate officers must sign on behalf of firm. Owners of the corporation and their spouses must sign personal indemnity below.

Signed and dated this _____ day of _____ 20 ____

SIGNATURE OF APPLICANT FOR BOND

X _____

X _____

(Please print / type name under signature)

(witness)x _____

In consideration of the execution by 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

I/we further understand the bond applied for is a credit relationship, and hereby authorize Bond Services of California or its authorized agents to gather such credit information it considers appropriate for purposes of evaluating whether such credit should be granted or continued.

SIGNATURE OF PERSONAL INDEMNITORS

Signature

Name printed or typed

Residence Phone
Address _____ No. _____

City _____ Zip _____

Place of Phone
Employment _____ No _____

Drivers License # _____ Soc. Sec. # _____

Signature

Name printed or typed

Residence Phone
Address _____ No. _____

City _____ Zip _____

Place of Phone
Employment _____ No _____

Drivers License # _____ Soc. Sec. # _____