

License, Permit and Miscellaneous Bond Application

FINANCIAL PACIFIC INSURANCE COMPANY



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P.O. Box 292220 Sacramento California 95829-2220

DATE THIS FORM WAS FILLED OUT

COMPANY NAME (MUST BE EXACTLY AS IT IS TO APPEAR ON THE BOND)		BUSINESS TELEPHONE NUMBER ()	
DESCRIBE TYPE OF BUSINESS	BUSINESS EXPERIENCE _____ YRS	HOW LONG UNDER CURRENT OWNERSHIP? _____ YRS _____ MOS	
COMPANY STREET ADDRESS		CITY	STATE ZIP
CURRENT OR PAST SURETY BOND COMPANY	REASON FOR CHANGE		
COMPANY IS A: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP		If Partnership, LLC or LLP, please provide the signature page for the manager(s) from the Agreement.	

Bond Information

TYPE OF BOND	BOND AMOUNT \$	EFFECTIVE DATE	TERM OF BOND
BOND TO BE FILED WITH (OBLIGEE)	PRIOR SURETY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW LONG? _____ YRS _____ MOS	PRIOR BOND NUMBER
OBLIGEE STREET ADDRESS	CITY	STATE	ZIP

Credit Information

NAME OF BANK	BRANCH	BANK TELEPHONE NUMBER ()	
BANK STREET ADDRESS	CHECKING ACCOUNT NUMBER	ACCOUNT BALANCE \$	
CITY STATE ZIP	SAVINGS ACCOUNT NUMBER	ACCOUNT BALANCE \$	

EVER DECLARED BANKRUPTCY? YES NO ANY PENDING OR PRIOR TAX LIENS? YES NO ANY LAWSUITS PENDING? YES NO EVER FAILED IN BUSINESS? YES NO EVER SUBJECT TO A CLAIM AS A PRINCIPAL OR INDEMNITOR? YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH A DETAILED EXPLANATION.

LIST BELOW CREDIT REFERENCES WITH WHOM YOU DO BUSINESS

REFERENCE NAME	STREET ADDRESS, CITY, STATE AND ZIP CODE	REFERENCE TELEPHONE NUMBER ()
REFERENCE NAME	STREET ADDRESS, CITY, STATE AND ZIP CODE	REFERENCE TELEPHONE NUMBER ()

Personal Information for Applicant, Partners, Stockholders and Indemnitors

INDIVIDUAL'S FULL NAME	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	DATE OF BIRTH / /	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO./STATE
EMPLOYER	STREET ADDRESS, CITY, STATE AND ZIP		WORK TELEPHONE NUMBER ()	LENGTH OF EMPLOYMENT _____ YRS _____ MOS
SPOUSE'S LAST NAME	FIRST INITIAL	DATE OF BIRTH / /	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO./STATE
SPOUSE'S EMPLOYER	STREET ADDRESS, CITY, STATE AND ZIP		WORK TELEPHONE NUMBER ()	LENGTH OF EMPLOYMENT _____ YRS _____ MOS
HOME STREET ADDRESS, CITY, STATE AND ZIP			HOME TELEPHONE NUMBER ()	<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS <input type="checkbox"/> HOUSE <input type="checkbox"/> APT.
DATE PURCHASED	PURCHASE PRICE \$	CURRENT MARKET VALUE \$	PRESENT LOAN BALANCE \$	LOAN NUMBER(S) MONTHLY PAYMENT(S) \$
PREVIOUS STREET ADDRESS, CITY, STATE AND ZIP			HOW LONG AT THIS ADDRESS? _____ YRS _____ MOS	<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS <input type="checkbox"/> HOUSE <input type="checkbox"/> APT.
PERSONAL BANK	STREET ADDRESS, CITY, STATE AND ZIP		CHECKING ACCT NO. & BALANCE	SAVINGS ACCT NO. & BALANCE
NAME OF NEAREST RELATIVE	STREET ADDRESS, CITY, STATE AND ZIP		RELATIONSHIP	TELEPHONE NUMBER ()

IMPORTANT: PLEASE READ AND SIGN INDEMNITY AGREEMENT ON REVERSE SIDE.

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.

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 authorized officers must sign on behalf of firm. Owners of the corporation and their spouses must sign personal indemnity below.

If Limited Liability Corporation (LLC)/Limited Liability Partnership (LLP), an authorized manager must sign on behalf of LLC/LLP. The authorized manager and his/her spouse must sign personal indemnity below.

DATE	MONTH	YEAR
Signed this _____ of _____, _____		
FIRM NAME _____		
SIGNATURE <input checked="" type="checkbox"/> _____		
PRINT NAME _____		
SIGNATURE <input checked="" type="checkbox"/> _____		
PRINT NAME _____		
(WITNESS) <input checked="" type="checkbox"/> _____		

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 <input checked="" type="checkbox"/> _____		SIGNATURE <input checked="" type="checkbox"/> _____	
PRINT NAME _____		PRINT NAME _____	
RESIDENCE ADDRESS _____	TELEPHONE NUMBER () _____	RESIDENCE ADDRESS _____	TELEPHONE NUMBER () _____
PLACE OF EMPLOYMENT _____	TELEPHONE NUMBER () _____	PLACE OF EMPLOYMENT _____	TELEPHONE NUMBER () _____
DRIVERS LICENSE NUMBER _____	SOCIAL SECURITY NUMBER _____	DRIVERS LICENSE 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 _____		