

MULTI APP

Application for License, Permit and Miscellaneous Bonds
 Bonds of \$50,000.00 or more use General Indemnity Agreement

A BOND INFORMATION										
TYPE OF BOND	IF CONTRACTOR, LICENSE # IF NEW, ATTACH PASS LETTER	BOND AMOUNT	EFFECTIVE DATE	TERM OF BOND	PRIOR BOND? Yes No					
BOND TO BE FILED WITH (OBLIGEE)			STREET ADDRESS OF OBLIGEE							
CITY			STATE				ZIP			
B BUSINESS INFORMATION										
COMPANY NAME (EXACTLY AS IT APPEARS ON BOND)				BUSINESS PHONE		HOW LONG UNDER CURRENT OWNERSHIP? _____ YRS. _____ MOS.				
DESCRIBE TYPE OF BUSINESS					NUMBER OF YEARS EXPERIENCE					
COMPANY ADDRESS			CITY		STATE		ZIP			
PRIOR OR CURRENT BOND WITH:		HOW LONG		BOND NO.		REASON FOR CHANGE				
COMPANY IS A: - SOLE PROPRIETORSHIP - PARTNERSHIP - LLC - LLP - CORPORATION; DATE INCORPORATED: / /					IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS					
BANK NAME (BUSINESS ACCOUNT)				STREET ADDRESS						
CITY			STATE		ZIP		PHONE			
CHECKING ACCOUNT NO.			BALANCE		SAVINGS ACCOUNT NO.			BALANCE		
HAVE YOU, YOUR SPOUSE OR CO. EVER FAILED IN ANY BUSINESS VENTURE? YES NO BEEN INVOLVED IN ANY DISPUTE WHERE A LAWSUIT OR LIEN WAS FILED? YES NO BEEN A PRINCIPAL OR INDEMNITOR ON A BOND WHICH A CLAIM WAS BROUGHT? YES NO BEEN SUBJECT TO A FEDERAL TAX LIEN? YES NO DECLARED BANKRUPTCY? YES NO IF "YES" TO ANY OF THESE QUESTIONS, ATTACH A DETAILED EXPLANATION										
CREDIT REFERENCES WITH WHOM YOU DO BUSINESS										
NAME		ADDRESS				CITY, STATE, ZIP			PHONE	
NAME		ADDRESS				CITY, STATE, ZIP			PHONE	
C PERSONAL INFORMATION FOR APPLICANT, STOCKHOLDERS AND INDEMNITORS										
INDIVIDUAL'S NAME			DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LIC. NO./STATE			
HOME ADDRESS			CITY		STATE		ZIP		HOME PHONE	
PREVIOUS ADDRESS			CITY		STATE		ZIP			
EMPLOYER			CITY		STATE		ZIP		WORK PHONE	
SPOUSE'S NAME			DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LIC. NO./STATE			
SPOUSE'S EMPLOYER			CITY		STATE		ZIP		WORK PHONE	
DATE HOME PURCHASED		PURCHASE PRICE		CURRENT MARKET PRICE		PRESENT LOAN BALANCE (\$)		LOAN NO.	MONTHLY PAYMENT (\$)	
NAME OF BANK (PERSONAL ACCOUNT)					BANK ADDRESS					
CHECKING ACCT. NO. _____					BALANCE _____					
SAVINGS ACCT. NO. _____					BALANCE _____					
NEAREST RELATIVE/NAME		ADDRESS				CITY		STATE		ZIP
RELATIONSHIP			PHONE							

IMPORTANT: PAGE TWO CONTAINS LEGAL OBLIGATIONS. READ CAREFULLY & SIGN.

INDEMNITY AGREEMENT - READ CAREFULLY. Your signature creates legal consequences to you.

In consideration of American Contractors Indemnity Company and/or U. S. Specialty Insurance Company referred to hereafter as "Surety," issuing the bond applied for, the undersigned hereby agree for themselves, their heirs, successors and assigns, jointly and severally:

1. To pay Surety an annual premium in advance each year during which liability under the bond shall continue in force and until satisfactory evidence of termination of the Surety's liability is furnished to the Surety.
2. To indemnify Surety against all losses, liabilities, costs, damages, attorneys' fees and expenses the Surety may incur or has incurred due to the execution and issuance of the bond on, before or after this date including any modifications, renewals or extensions of the bond or the enforcement of the terms of this indemnity agreement.
3. The Surety or its representatives shall have the right to examine the credit history, department of motor vehicle records, employment history, books and records of the undersigned or the assets covered by the bond, or the assets pledged as collateral for the bond.
4. The undersigned agree to waive notice of the execution of the bond, notice of any fact, knowledge or information affecting the undersigned's rights or liabilities under the bond that Surety may have or discover prior to or after execution of the bond.
5. The undersigned, upon written demand, shall deposit with Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety may in its absolute discretion determine is necessary and the deposit shall be pledged as collateral security on any such bond or other bonds the Surety may have issued for the undersigned. The undersigned hereby irrevocably appoints Surety as their attorney in fact to execute any documents necessary to perfect Surety's security interests in any collateral submitted to Surety. Surety shall have the exclusive right to determine if any claim or suit shall be denied, paid, compromised, defended or appealed. An itemized statement of payments made by Surety shall be prima facie evidence of the obligation of undersigned due to Surety. The undersigned agree that it is their responsibility to defend their own interests.
6. Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles County, California, and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles County, California.
7. The rights and obligations of the undersigned are in addition to and cumulative of all other rights, liabilities and obligations under the laws of the State of California. The undersigned confirms that Surety shall have every right, defense or remedy including the rights of exoneration and subrogation.
8. Unless specified by law or stated in the bond that the bond can not be cancelled, Surety may cancel bond by mailing a notice of cancellation in the U.S. mail to the Obligee and Principal at the last address provided to Surety and cancellation shall become effective thirty (30) days after the date of deposit with the United States Postal Service.

Regardless of the date of signature, this indemnity is effective as of the date of execution and renewal of the aforementioned bond(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein and in the bond(s).

IMPORTANT SIGNATURE INSTRUCTIONS

If sole owner, applicant must sign as duly authorized representative. Spouse must sign personal indemnity below.
If a general partnership, an authorized partner must sign as duly authorized representative. All authorized partners and spouses must sign personal indemnity below.
If a corporation, the president must sign as the authorized representative. All stockholders of 10% or more and spouses must sign personal indemnity below.

****EACH SIGNATURE MUST BE NOTARIZED – see page 3****

Signed, sworn to and dated this _____ day of _____, _____

Principal: _____ X _____
(Principal's Duly Authorized Representative's Signature and Title)

_____ X _____
Company Name (Exactly As It Appears On Bond) (Principal's Duly Authorized Representative's Signature and Title)

Indemnitors:
X _____ X _____
(Indemnitor's Signature) (Print Name) (Indemnitor's Signature) (Print Name)

X _____ X _____
(Indemnitor's Signature) (Print Name) (Indemnitor's Signature) (Print Name)

AGENT INFORMATION

Name _____ Phone _____
Address _____ Fax _____
City & Zip _____ HCCS Producer No. _____

STATE OF _____)
) ss. On this _____ day of _____ in the year _____,
COUNTY OF _____) before me, _____ a
Notary Public, State of _____, duly commissioned and sworn,
personally appeared _____, personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),
or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

(Seal)

Notary Public, State of _____
My commission expires _____

STATE OF _____)
) ss. On this _____ day of _____ in the year _____,
COUNTY OF _____) before me, _____ a
Notary Public, State of _____, duly commissioned and sworn,
personally appeared _____, personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),
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COUNTY OF _____) before me, _____ a
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basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged to me that
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or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

(Seal)

Notary Public, State of _____
My commission expires _____

AMERICAN CONTRACTORS INDEMNITY COMPANY

PERSONAL FINANCIAL STATEMENT NOT TO BE USED FOR BUSINESS STATEMENTS.

To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitator, the Undersigned submits the following Financial Statement

Personal financial statement of _____ SS. NO. _____
(Name)

(Street Address, City, State, Zip)
HOME PHONE NO. () _____ BUS. PHONE NO. () _____

NAME OF SPOUSE _____

AS OF _____
(Date)

CURRENT ASSETS	CURRENT LIABILITIES	
Cash on hand (not in bank)	Notes payable to (names and addresses):	
Cash in following banks (names and addresses):	
.....	
.....	Sales Contracts & Chattel Mtgs. (Sch. 6)	
Stocks and bonds (Schedule 1)	Accounts payable	
Accounts receivable (Schedule 2)	Current portion of long term debt	
Notes receivable (Schedule 3)	Other current liabilities (Schedule 6)	
Other current assets (Schedule 6)	
.....	
.....	Current Year's Income Taxes Unpaid	
.....	Prior Year's Income Taxes Unpaid	
.....	Real Estate Taxes Unpaid	
.....		
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES	
FIXED ASSETS	LONG TERM LIABILITIES	
Real estate (Schedule 4):	Real estate debt (Schedule 4):	
Residence	Residence	
Other	Other	
Cash value of life insurance (Schedule 5)	Borrowed on life insurance (Schedule 5)	
.....	
Other assets and investments (Schedule 6)	Other long term debt (Schedule 6)	
.....	
.....	
.....	
.....	TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS	NET WORTH	
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES

FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____

GIVE DETAILS _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL							

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

6. OTHER ASSETS AND LIABILITIES

Other Current Assets (itemize)	Other Current Liabilities (itemize)	Amount

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature _____
 S.S. No. _____ Date of Birth _____

Signature _____
 S.S. No. _____ Date of Birth _____

Date Signed _____, _____.