HCC SURETY GROUP

AGENT USE ONLY
BOND NUMBER

CONTRACTORS LICENSE BOND APPLICATION

NAME (must be exactly as it appears on your pocket license or license application)		☐ Individual ☐ Corporation ☐ Partnership ☐ RME/RMO
STREET ADDRESS	MAILING ADDRESS, if different	PHONE FAX
CITY STATE ZIP		REQUESTED EFFECTIVE DATE
LICENSE NUMBER	LICENSE CLASS	Note: If you are a new contractor, attach a copy of the letter from the License Board advising that you passed the exam.
If RME/RMO (Bond of Qualifying Individual) complete the following:		
NAME OF FIRM ON LICENSE	ADDRESS CITY STATE ZIP	

INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN

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

1. To reimburse American Contractors Indemnity Company ("Surety") upon demand for all payments made for and to indemnify Surety from:

   a) all loss, contingent loss, liability and contingent liability, claim, expense, including attorneys' and construction consultants' 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 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.
   c) Upon written demand, to deposit with the Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety in its absolute discretion determines necessary and the deposit shall be pledged as collateral security on any bond or other bonds the Surety may have issued for the undersigned.

2. Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles, California and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles, California.
3. Surety is authorized to investigate, at any time, the undersigned's credit, employment history, and department of motor vehicle records.

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).

If Individual - Sign Below

✔ _____
Signature

_____
Printed Name

Soc. Sec. # _____ Driver's Lic. # _____

Date _____

If Partnership - Sign Below

✔ _____
Signature - Partner & Individually

_____
Printed Name

Soc. Sec. # _____ Driver's Lic. # _____

✔ _____
Signature - Partner & Individually

_____
Printed Name

Soc. Sec. # _____ Driver's Lic. # _____

If Corporation - Sign Below

✔ _____
Signature - President & Individually

_____
Printed Name

Soc. Sec. # _____ Driver's Lic. # _____

✔ _____
Witness

_____
Printed Name

Complete "Multi-App" if bond is for Contractor applying for Disciplinary Bond or if bond requires a co-signer.

AGENT INFORMATION

Name GUIDELINE INSURANCE SERVICES, INC

Address P.O. BOX 1091

City, State, Zip FOLSOM, CA 95763

Phone (916) 985-3701

Fax (916) 985-3775

HCCS Producer No. 7554

To reach the branch closest to you, CALL 800-787-3896