

# 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
							OWN HOUSE HOW LONG? MONTHLY RENT APT.    ___ YEARS    ___ MOS. \$ _____		
PREVIOUS ADDRESS				CITY		STATE		ZIP	
EMPLOYER			CITY		STATE		ZIP		WORK PHONE
							LENGTH OF EMPLOYMENT _____ YEARS    ___ MONTHS		
SPOUSE'S NAME			DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LIC. NO./STATE		
SPOUSE'S EMPLOYER			CITY		STATE		ZIP		WORK PHONE
							LENGTH OF EMPLOYMENT _____ YEARS    ___ MONTHS		
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 any and all Indemnity Companies, Surety Companies and Reinsurance Companies involved in issuing the bond applied for, hereinafter referred to as "Surety", 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. Privacy Notice: All nonpublic personal information gathered pursuant to the application shall not be disclosed except as permitted by law.
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 County and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be determined at the Surety's sole discretion.
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, a 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.

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 \_\_\_\_\_ ACIC 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,  
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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)

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Notary Public, State of \_\_\_\_\_  
My commission expires \_\_\_\_\_

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