

# SOLUTIONS SPECIALTY

INSURANCE BROKERS

4437 E. SLAUSON AVE, MAYWOOD CA 90270 ◊ TEL: (323) 771-0777 ◊ FAX: (323) 771-9977 ◊ LICENSE No. 0D60846

## 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		
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.**

hcc - multiapp

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

In consideration of American Contractors Indemnity 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. 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 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.

Signed, sworn to and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Principal:

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

Indemnitors:

<input checked="" type="checkbox"/> _____ (Indemnitor's Signature)	_____ (Print Name)	<input type="checkbox"/> _____ (Indemnitor's Signature)	_____ (Print Name)
<input type="checkbox"/> _____ (Indemnitor's Signature)	_____ (Print Name)	<input type="checkbox"/> _____ (Indemnitor's Signature)	_____ (Print Name)

**AGENT INFORMATION**

Name <b>SOLUTIONS SPECIALTY INSURANCE BROKERS</b>	Phone <b>(323) 771-0777</b>
Address <b>4437 E. SLAUSON AVE</b>	Fax <b>(323) 771-9977</b>
City & Zip <b>MAYWOOD CA 90270</b>	ACIC Producer No. <b>8228</b>