

CALIFORNIA CONTRACTORS COALITION

\$12,500 CONTRACTOR LICENSE BOND APPLICATION

These rates do not apply to Roofers, Swimming Pool Contractors or Disciplinary Bonds*

Complete the following : **1 YEAR \$116.00** **2 YEARS \$195.00** **3 YEARS \$259.00** (O.A.C.)

NAME (MUST BE EXACTLY AS IT APPEARS ON YOUR POCKET LICENSE OR LICENSE APPLICATION)		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> RME / RMO
STREET ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS IF DIFFERENT	CITY	STATE	ZIP
PHONE #	FAX #	REQUESTED EFFECTIVE DATE	
LICENSE NUMBER	LICENSE CLASS	NOTE : If you are a new contractor, attach a copy of PASS LETTER from license board.	
IF RME/RMO (Bond of Qualifying Individual), Complete the following			
NAME OF FIRM ON LICENSE			
STREET ADDRESS	CITY	STATE	ZIP

INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN

IN CONSIDERATION of the exe

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' 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.
 - c) Upon written in its absolute d 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 County, California and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles County, California.
3. Surety is authorized to investigate, at any time, the undersigned's credit, employment history, and department of motor vehicle records. Privacy Notice: All nonpublic personal information gathered pursuant to the application shall not be disclosed except as permitted by law.

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

X _____
Signature

Printed Name

SSN # _____ Driver's License # _____

FIRST YEAR'S PREMIUM OR \$100.00 MINIMUM PREMIUM, WHICHEVER IS GREATER, IS FULLY EARNED UPON ISSUANCE.

DATE : _____

If Partnership - Sign Below

X _____
Signature - Partner & Individually

Printed Name

SSN # _____ Driver's License # _____

X _____
Signature - Partner & Individually

Printed Name

SSN # _____ Driver's License # _____

If Partnership - Sign Below

X _____
Signature - President & Individually

Printed Name

SSN # _____ Driver's License # _____

X _____
Witness

Printed Name

Official Use :
 Agent : Bond Professional Surety Insurance Services OB33276 www.hawkinsandhawkinsins.com bondpro1@cox.net
 PO Box 42 Spring Valley, CA 91976 T : 619-670-1136 Toll Free: (800) 622-6637 Fax: (619) 670-5026