

License & Permit General Bonding Request Form

Applicant Information	
Type of Bond:	Contact:
Name (Must be exactly as it is to appear on Bond)	Business Number:
Mailing Address	Cellular Number:
City	Fax Number:
State and Zip Code	Email:
Organization Type (Individual/Partnership/Corporation/LLC)	Business Bank:

Date Started	Requested Effective Date	Registration Number	Bond State

Legal Name:	Social Security Number:	Relationship to Application <input type="checkbox"/> Owner <input type="checkbox"/> Officer/Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Manager/Member
Social Security Number	Home Phone:	Spouse:
Home Address, City, State and Zip		

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Please answer the following question: Have any surety losses been paid on any contractors license bond issued to the contractor/registrant applying for this bond? YES <input type="checkbox"/> NO <input type="checkbox"/>

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Prior Bond Carrier & Loss Experience Section

Please provide information on your liability insurance for past three years.

Company	Policy Dates	Premium	Losses

Has any bond carrier cancelled or declined to renew your coverage? () Yes () No
 If so, why? _____

You will be required to sign an Indemnity Agreement with the bond company. This is a sample of a standard statement of indemnity required by most all bonding carriers.

In Consideration of the execution of such bond, and in compliance with a promise of the undersigned made prior thereto, the undersigned hereby 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

To pay Surety and 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.

Surety shall have the exclusive right to determine whether any claim or suit shall, on the basis of liability, expediency or otherwise, be denied, paid, compromised, defended or appealed. An itemized statement of payments made by Surety for loss, contingent loss, liability or contingent liability, and/or expense, sworn to by an officer of Surety, or the voucher or vouchers of such payments, shall be prima facie evidence of the obligation of the undersigned to reimburse Surety.

Each of the undersigned agrees to pay the full amount of the foregoing regardless of (a) failure of the principal to sign any such bond or (b) any claim that other indemnities, securities, or collateral was to have been obtained or (c) to release, return or exchange by Surety with or without the consent of the undersigned, of any indemnity, security, or collateral that may have been obtained or (d) the fact that any party signing this instrument is not bound for any reason.

The undersigned hereby expressly waive notice from Surety of any claim or demand made against Surety or the principal under the bond or of any information Surety may receive concerning the principal, or bond. Surety shall have the right to decline any or all bonds herein applied for, and shall have the right to withdraw from, cancel, or procure its release from such suretyship at any time, all without incurring any liability to the undersigned.

_____ Date: ____/____/____
 Applicant's Signature