



# SOUTH COAST SURETY

## COMMERCIAL SURETY APPLICATION

### Contractor License Bond

All Bonds require a signed indemnity page.  
If submission emailed, please print and sign the 2nd page indemnity and fax to the number below

APPLICANT INFORMATION	Applicant (for partnership, give full names of partners and trade name)					Individual <input type="checkbox"/>
						Partnership <input type="checkbox"/>
						Corporation <input type="checkbox"/>
Address	(City)	(State)	(zip)	How long in Business?		
Nature of Business or Occupation	Previous Bonding Company		Reason for changing Bonding Company			
BOND INFORMATION	Contractor License Bond	State	\$	Amount of Bond	Effective Date	
Complete Name and Address of Obligee					Contractor License Number	
Business Phone No.	Fax No.	Email Address / Website				
Separate personal information must be completed by each partner or corporate owner. Fill additional Partners or corporate owners on other App						
PERSONAL	Home Phone	Email Address				
Individual's Name	Social Security No.		Date of Birth		Net Monthly Income	
Spouse's Name	Social Security No.		Spouse's Employer		Net Monthly Income	
Residence Address	(City)	(State)	(zip)	How long at current address? Yrs./Mos.	How long at previous address? Yrs./Mos.	
Current Residence	Monthly Payment	Purchase Date	Purchase Price	Current Value	Loan Balance(s)	
Own Rent	Bank (Personal Account)		Phone No.	Checking Acct. #	Balance: \$	
				Savings Acct. #	Balance: \$	

PERSONAL INFORMATION	Home Phone	Email Address				
Individual's Name	Social Security No.		Date of Birth		Net Monthly Income	
Spouse's Name	Social Security No.		Spouse's Employer		Net Monthly Income	
Residence Address	(City)	(State)	(Zip)	How long at current address? Yrs./Mos.	How long at previous address? Yrs./Mos.	
Current Residence	Monthly Payment	Purchase Date	Purchase Price	Current Value	Loan Balance(s)	
Own Rent	Bank (Personal Account)		Phone No.	Checking Acct #	Balance. \$	
				Savings Acct. #	Balance. \$	

PERSONAL	Home Phone	Email Address				
Individual's Name	Social Security No		Date of Birth		Net Monthly Income	
Spouse's Name	Social Security No		Spouse's Employer		Net Monthly Income	
Residence Address	(City)	(State)	(Zip)	How long at current address? Yrs/Mos	How long at previous address? Yrs./Mos.	
Current Residence	Monthly Payment	Purchase Date	Purchase Price	Current Value	Loan Balance(s)	
Own Rent	Bank (Personal Account)		Phone No.	Chechng Acct. #	Balance \$	
				Savngs Acct. #	Balance \$	

**1031 Calle Recodo, Ste. #D, San Clemente, CA 92673**

**surety@southcoastsurety.com http://www.southcoastsurety.com**

**(949) 361-1692 Fax (949) 361-9926**

**1-800-361-1720**

# RLI Insurance Company

I agree to indemnify RLI Insurance Company (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or it's agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree:

- 1.) To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage.
- 2.) To pay surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including any legal fees and expenses.
- 3.) To hold harmless and indemnify Surety from any and all liability, damages, loss costs and expenses of every kind, including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and / or issuance of the bond.
- 4.) To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made.
- 5.) That Surety has the exclusive right to defend, settle, pay or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of liability to Surety.
- 6.) The Surety may decline to become a Surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties: all without liability to Surety thereon.
- 7.) To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself.
- 8.) That a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement
- 9.) This agreement shall apply to all renewals, continuation, substitutions and extensions of suretyship herein applied for.

WHEREOF , the Indemnitors have hereunto set their hands and affixed their seals this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**SIGNATURE OF APPLICANT FOR BOND**

If Sole proprietorship, owner should sign: if  
partnership, all partners must sign: if  
corporation, president must sign, with signature  
attested by corporate secretary under corporate  
seal: all individual applicants should sign.

\_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
SIGNATURE

x

**ATTEST CORPORATE SIGNATURE**

\_\_\_\_\_  
PRINT NAME & TITLE

In consideration of the execution by SURETY of the bond herein applied for, the undersigned, jointly and severally, join in the foregoing indemnity agreement

SIGNATURE OF PERSONAL INDEMNITORS

\_\_\_\_\_  
PRINT NAME OR NAMES

\_\_\_\_\_  
PRINT NAME OR NAMES

\_\_\_\_\_  
INDEMNITORS SIGNATURE

\_\_\_\_\_  
INDEMNITORS SIGNATURE

\_\_\_\_\_  
SPOUSE'S SIGNATURE

\_\_\_\_\_  
SPOUSE'S SIGNATURE

PLEASE SIGN IN BOTH PLACES: ONCE FOR THE FIRM & ONCE AS INDIVIDUAL INDEMNITOR