



SOUTH COAST SURETY

SPEEDY APP-Arizona

TYPE OF BOND	AMOUNT \$	EFFECTIVE DATE	TERM	SOCIAL SECURITY NO.
NAME (MUST BE EXACTLY AS IT IS TO APPEAR ON BOND)		BUSINESS PHONE		BUSINESS FAX
BUSINESS STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC
NATURE OF APPLICANT'S BUSINESS	CLASS OF CONTRACTORS LICENSE	TAX ID FOR CORPORATION OR PARTNERSHIP		DATE STARTED
HOME ADDRESS				HOME PHONE

CONTRACTOR LICENSE Use this app. For bonds up to \$5,000.00. See rate card for premiums.	NOTARY BOND Bond Amount - \$5,000. 4-Year Term - \$25.00	DEFECTIVE TITLE Rate 1.5%, 2% or 5% of bond amount depending on credit. Complete Below. If bond exceeds \$15,000., submit fin. stmt. BOND AMOUNT \$ _____												
SALES TAX BOND \$2,000.00 = \$108.00 (2 yrs) \$7,000.00 = \$378.00 (2 yrs)	NOTARY NEGLIGENT ACTS (E & O) \$10,000.00 = \$40.00 (4 yrs) PRIVATE INVESTIGATOR LIC BOND -- \$2,500.00 2-Year Term - \$88.00	<table border="1"> <tr> <td>VEHICLE MAKE</td> <td>MODEL</td> <td>YEAR</td> <td>CYL</td> </tr> <tr> <td>BODY TYPE</td> <td>LICENSE</td> <td colspan="2">MOTOR NO.</td> </tr> <tr> <td colspan="4">SERIAL NO.</td> </tr> </table>	VEHICLE MAKE	MODEL	YEAR	CYL	BODY TYPE	LICENSE	MOTOR NO.		SERIAL NO.			
VEHICLE MAKE	MODEL	YEAR	CYL											
BODY TYPE	LICENSE	MOTOR NO.												
SERIAL NO.														

INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN

IN CONSIDERATION of the execution of such bond, and in compliance with a promise of the undersigned made prior thereto, the undersigned individually hereby agree, for themselves, their personal representatives, successors and assigns, jointly and severally, as follows:

- To reimburse American Contractors Indemnity Company ("Surety") upon demand for all payments made for and to indemnify Surety from:
 - 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
 - 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.
 - Upon written demand, to deposit with the Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety in its absolute discretion determines necessary and the deposit shall be pledged as collateral security on any bond or other bonds the Surety may have issued for the undersigned.
- Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles, California and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles, California.
- Surety is authorized to investigate, at any time, the undersigned's credit, employment history, and department of motor vehicle records.

Regardless of the date of signature, this indemnity is effective as of the date of execution 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).

Date _____

If Individual - Sign Below	
✓ Signature _____	✓ Signature - Spouse _____
Printed Name _____	Printed Name _____
Soc. Sec. # _____ Driver's Lic. # _____	Soc. Sec. # _____ Driver's Lic. # _____

If Partnership - Sign Below
Name of Partnership _____
✓ Signature - Partner & Individually _____
Printed Name _____
Soc. Sec. # _____ Driver's Lic. # _____
✓ Signature - Partner & Individually _____
Printed Name _____
Soc. Sec. # _____ Driver's Lic. # _____

If Corporation - Sign Below
Name of Company _____
✓ Signature - President & Individually _____
Printed Name _____
Soc. Sec. # _____ Driver's Lic. # _____
✓ Signature - Secretary _____
Printed Name _____

AGENT INFORMATION		
Name <u>South Coast Surety</u>	DOI Lic# <u>0B57612</u>	Phone (949) <u>361-1692</u>
Address <u>209 Ave. Fabricante, Ste. #120</u>		Fax (949) <u>361-9926</u>
City, State, Zip <u>San Clemente, CA 92672</u>		HCCS Producer No. <u>2268</u>