SOUTH COAST SURETY (949) 361-1692 Fax (949) 361-9926

MEMBER NASBP

CALIFORNIA CONTRACTOR'S LICENSE APPLICATION

Name of Principal (Full Legal Name Including DBA if Any) Phone ( ) -

Street Address City State Zip

IF BOND OF QUALIFYING INDIVIDUAL, COMPLETE NEXT TWO LINES

Name of Firm on License

Street Address City State Zip

Describe Type of Bond Needed: _____

Name of Government Body Requiring this Bond: _____

License Number: _____ Trade or Craft: _____ 3 years Experience? ____

Amount of Bond: _____ Term of Bond Requested: _____ 1 yr. _____ 2 yrs. _____ 3 yrs. _____ 4 yrs.

1) Any claims history? _____
   a) If Yes, was the claim(s) resolved without loss to surety? _____
2) Do owners personally or with a company in which they had an ownership interest, have a history of:
   a) Chapter 7 Bankruptcy? _____ If Yes, Explain details _____
   b) Chapter 11 or 13 bankruptcy? _____ If Yes, Explain details _____
   c) If you answered Yes to 2 (b) above, is the proceeding still active? _____
3) Is the combined personal net worth of the owners at least five times the amount of the bond? _____.
4) Do owners or the firm itself have any Unsatisfied Judgments, Tax Liens, Undisputed Collections, or Absence of any Credit Relationship for 24 months by owners personally or by firm? _____ If Yes, explain: _____
   _____
5) If you have Unsatisfied Judgments, Tax Liens or Disputed Collections:
   a) Have you entered into formal agreements to repay in installments? _____
   b) If Yes, can you prove you have complied with the payment schedule(s) for at least 6 months? _
      (Confirming letter from creditor will be required)
6) Do owners and firm pay financial obligations:
   a) Within agreed terms? _____
   b) Within 30 days past terms, but on not more than 2 accounts? _____

The Undersigned Applicant and indemnitors hereby certify that the statements contained herein or attached hereto are true and are made to induce the Surety to execute or continue the suretyship described herein, and agree as follows; FIRST: to pay any premiums due while Surety has liability outstanding; SECOND: to indemnify Surety from all liability and loss, expenses, and damages incurred as a result of furnishing bond, renewals, continuations, extensions, or increase in bond amount, including attorneys fees incurred by Surety in enforcing this agreement; THIRD: that Surety has the exclusive right to determine the disposition of any claim or suit; FOURTH: that an itemized statement of loss and expenses by Surety shall be prima facie evidence of the fact and extent of Undersigned's obligation to Surety; FIFTH: that this agreement inures to the benefit of the Surety, or any other company executing or reinsuring bond at the request of Surety; SIXTH: that Surety may examine assets covered by the bond any time; SEVENTH: that in the event application is for a lost securities bond, Undersigned will deliver any securities subsequently found to Surety: and EIGHTH; upon demand of Surety, Undersigned will deposit sufficient collateral with Surety to offset any claim made against Surety under bond applied for. J.R. Olsen Bonds & Insurance Brokers, Inc. is authorized by indemnitors to designate the surety executing this bond, substitutions, or amendments thereto. This agreement shall apply to all renewals, continuations, substitutions, and extensions of suretyship herein applied for. **IT IS HEREBY FURTHER AGREED AND UNDERSTOOD THAT THE FIRST'S YEAR'S PREMIUM ON THE BOND SHALL BE CONSIDERED FULLY EARNED UPON ISSUANCE OF THE BOND. ALL APPLICNTS ARE SUBJECT TO CREDIT REVIEW.**

APPLICANTS SIGN TWICE **Signed and dated this _____ day of _____, 20 _____ .**

ALL OWNERS AND THEIR SPOUSES MUST SIGN BELOW

_____ **(Firm Name)**

By: (1) X _____ **X** _____

(Legal Representative) **(Secretary)**

Title: ☐ **President** ☐ **Partner** ☐ **Sole Owner** ☐ **Managing Member (LLC)** **Status:** ☐ **Single** ☐ **Married**

SIGNATURES OF PERSONAL INDEMNITORS **PRINT NAME OF EACH SIGNER**

(1) X _____ (1) _____

Soc. Sec. # _____ DOB: _____

(2) X _____ **(SPOUSE)** (2) _____ (SPOUSE)

Soc. Sec. # _____ DOB: _____

(3) X _____ (3) _____

Soc. Sec. # _____ DOB: _____

(4) **X** _____ **(SPOUSE)** (4) _____ (SPOUSE)

Soc. Sec. # _____ DOB: _____

209 Avenida Fabricante, Ste. #120, San Clemente, CA 92672 www.southcoastsurety.com CDOI Lic# 0B5761 surety@southcoastsurety.com