$12,500.00 CONTRACTOR'S LICENSE BOND APPLICATION

LICENSED CONTRACTORS INSURANCE AGENCY

D.O.I. LICENSE NO. 0821935

9828 Business Park Drive, Suite A
Sacramento, CA 95827
TEL: (800) 544-9849 • FAX (916) 366-9216

These rates do not apply to Roofers, Swimming Pool Contractors or Disciplinary Bonds*
Premium subject to approval of California Department of Insurance

☐ 1 YEAR $116.00 ☐ 2 YEARS $195.00 ☐ 3 YEARS $259.00 ☐ 4 YEARS $309.00

COMPANY NAME AS IT APPEARS ON YOUR CONTRACTOR'S LICENSE			☐ INDIVIDUAL ☐ CORPORATION ☐ PARTNERSHIP ☐ RME/RMO
STREET ADDRESS		MAILING ADDRESS if different	
CITY	STATE	ZIP	TODAY'S DATE
PHONE ( )	LICENSE CLASSIFICATION(S)	LICENSE NUMBER (if already issued)	

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:

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' and consultants' 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.
   (c) 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 or 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 and Agent are authorized to investigate, at any time, the undersigned's credit and 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. I understand that if a credit report is issued, I may request a copy and one will be provided to me at no cost. I UNDERSTAND THAT ALL RATES ABOVE ARE SUBJECT TO CREDIT APPROVAL.
4. I/WE FULLY AGREE THAT THE FIRST YEAR'S PREMIUM OR $100.00 MINIMUM PREMIUM, WHICHEVER IS GREATER, IS FULLY EARNED UPON ISSUANCE.

IF SOLE OWNERSHIP – FILL OUT THE BOX BELOW

SIGNATURE	PRINTED NAME	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER – –

ALL INFORMATION ABOVE REQUIRED

IF PARTNERSHIP – FILL OUT THE BOX BELOW

SIGNATURE - PARTNER AND INDIVIDUALLY	PRINTED NAME	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER – –	% OWNED
SIGNATURE - PARTNER AND INDIVIDUALLY	PRINTED NAME	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER – –	% OWNED
SIGNATURE - PARTNER AND INDIVIDUALLY	PRINTED NAME	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER – –	% OWNED

IF CORPORATION– FILL OUT THE BOX BELOW

SIGNATURE - PRESIDENT AND INDIVIDUALLY	PRINTED NAME	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER – –	% OWNED
SIGNATURE - OFFICER AND INDIVIDUALLY	PRINTED NAME	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER – –	% OWNED
SIGNATURE - OFFICER AND INDIVIDUALLY	PRINTED NAME	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER	% OWNED

VISA MasterCard AMERICAN EXPRESS DISCOVER NOVUS or ☐ **I HAVE ENCLOSED A CHECK MADE PAYABLE TO LCIA**

CARD NUMBER_____ EXPIRATION DATE_____

$_____

AMOUNT CARDHOLDER'S NAME CARDHOLDER'S SIGNATURE