Bond Professional Surety Insurance Services License OB33276 P.O. Box 2207 Spring Valley, CA 91979-2207



Tel: (619) 670-1136 Toll Free: (800) 622-6637 Fax: (619) 670-5026 Email: bondpro1@cox.net

		FUK LIU	ENSE	& WIISUE	LLANE	JUS BUNDS	•								
1. AGENT/BROKER INFORMATION	Agent/Broker Name				Pl	hone #	FAX #				F	E-mail			
Address					City				State		Zip Code				
2. BOND Type of Bond (Attach Bond Form) INFORMATION										Amount \$		Effective Date			
Obligee	Addre			s						City		State	Zip Code		
BUSINESS Company Name (Must be exactly as it				to appear on bond)					E-mail						
Business License #								Business Phone #							
Company Address						City	City			State		Zip Code			
Nature of Business		orship ship	□ Corpo	oration	Date For	Date Formed (Corporation or LLC) # of Ow or Mem						How Long in Business?			
Previous Bonding Com	pany	·				Reason fo	or Changi	ng Bondin	g Cor	npany					
4. PERSONAL INFORMATION	Individual's l	Name					Social Sec	#	Date of F		Birth / /				
Employer				Employer (Phone #			Length of Employm			oyment Monthl \$		y Income		
Spouse's Name				Social Secu	urity #			Date of Birth			/ / Resid		esidence Phone #)		
Spouse's Employer				Employer (Phone #			Length of Employme			ment Monthly \$		Income		
Residence Address					City		State	Zip Code				How Long at Residence? Yrs./Mos.			
☐ Own ☐ Renting ☐ Buying	g □ Apt. □ House	Monthly Payn \$	nent 1	Residence M	lortgage H	lolder	Purcha /	se Date	Purcl \$	hase Price	Currer \$	nt Mkt. Valu	Loan Balan \$	ice(s)	
Are You the Trustee, Trustor			red	☐ Yes		ng or Prior	☐ Yes	7 0 —			☐ Yes		☐ Yes		
or Beneficiary of any Trust? No Bankruptcy?			:y?	□ No	IRS Lie					ou? □ No		_			
Bank (Personal Account) Phone #						Checking Acct						Balance \$			
N . D l /D l	1.	()			5	avings Acct. #	<u> </u>					Balance \$			
Nearest Relative/Relationship Address						City	City State		L	Zip Code		Phone # ()			
INDEMNIFICATION AGREEMENT IMPORTANT! Signature Instructions - The individual who completes this form must also sign the indemnity agreement below. If married, spouse must also sign, however, no missing signature shall invalidate this agreement. Sole Proprietorship - Owner must sign below. If married, spouse must also sign. Partnership - Partners are signing as authorized agents of the partnership and as individually liable indemnitors. If married, spouse must also sign. Corporation or LLC - If corporate officer or LLC member or manager signs indicating his or her LLC capacity, it is nonetheless specifically understood that such individual is signing in his or her corporate or LLC capacity and as an individually liable indemnitor. If married, spouse must also sign. Complete a separate application for each owner, partner, stockholder or LLC member.															
I request that Contractors Bond or other person or entity. Autho and consider executing future B	ing and Insurance ** rization is hereby gr	Company ("CBIC") e ("Principal"). I autho	xecute a Bo orize CBIC	ond and conside or its agents to i	er executing i	future Bonds for (by credit and Princ	Company Na ipal's credit,	ame) now and at ar	ny time	in the future, w	ith any cre	editor, supplier, c ving promises so	ustomer, financial that CBIC will exec	institution, ute a Bond	
and consider executing future. I lagree that the following defined minters (regardless of what endorsements, continuations, in by CBIC in connection with any collection agency fees; costs relative to resubrogation and in obtaining. I individually, and injustive and	nitions apply: (a) B t business entity is enewals, substitutic Bond or this agree ated to taking, protect and enforcing any	named on the Bond ons, modifications, ex ment, including but a cting, administering, judgment arising fro), on, befor densions, r not limited realizing up om those r	re, or after the da replacements and to: payment of b oon, or releasing ights).	ate of this ag d reinstatem oond proceed collateral; an	reement pursuant ents thereto; and c ds or any other ex d attorneys' fees (i	to which CE hanges in the pense in con ncluding but	BIC is or may be penal sum the nection with continuited to the total sums the continuited to the sums of the sums	e made ereto; a laims, p hose in	e liable for Loss nd (b) Loss mea ootential claims curred in defens	, whether ans any pa or demar e of bond o	or not Principal i yment or expens nds; claim fees; p claims or pursuin	s also liable; and (ii e either incurred or a enalties; interest; c g any rights of inder	i) all riders, anticipated ourt costs; mnification	

from the date CBIC sustained the Loss until CBIC has been paid in full.

3. I agree to provide adequate collateral to CBIC in the event that CBIC is required or deems it necessary to establish a reserve for Loss for any Bond. The reserve for Loss may vary from time to time as CBIC deems necessary to protect itself from Loss. Cash collateral equal to the reserve for Loss shall be adequate. Other collateral shall be adequate if the net equity value of the collateral is equal to 166% of the reserve for Loss and the collateral is otherwise acceptable to CBIC. CBIC may insist upon cash collateral. Collateral may be held by CBIC until CBIC has determined it is no longer exposed to Loss as a matter of law, and CBIC may retain or sell collateral to reimburse itself for Loss. Specific performance of this paragraph shall be a remedy available to CBIC, and all procedures for executing on judgments may be used to enforce CBIC's decree(s) of specific performance. In the event that CBIC suffers a Loss, prior to being provided with collateral, CBIC may enforce any decree of specific performance, up to the amount of such decree, as a money judgment (in addition to any other judgments) to reimburse itself for such Loss without further notice or motion.

4. I agree to pay to CBIC each annual premium due according to the rates in effect when each payment is due. I agree that premium for a Bond is fully earned upon execution of a Bond and is not refundable.

5. I agree that a facsimile copy of this agreement shall be considered an original and shall be admissable in a court of law to the same extent as the original agreement.

6. Lagree that CBIC may obtain a release from its obligations as surety on a Bond whenever any such release is authorized by law.

7. Unless a Bond specifically states (i) that it cannot be cancelled, or (ii) the manner in which notice of cancellation must be given, CBIC may cancel a Bond by mailing a notice of cancellation in the regular U.S. Mails to the obligee and to Principal, or Principal's representative, at the latest address provided to CBIC, and I agree to accept service of notice in such manner. I designate my insurance agent as my representative and Principal's representative for such service.

Unless a Bond, statute or lawful governmental regulation specifically provides otherwise, cancellation shall be effective 30 days after CBIC deposits the requisite notice of cancellation in the U.S. Mails. I WAIVE ANY CLAIM AGAINST CBIC

Onless a boild, statute of native governmental regulation specifically provides our effective so days after one effective of cancellation of a Bond or any release from any obligation of CBIC on any Bond.

8. I agree that CBIC has the exclusive right to decide whether to pay, compromise, defend, or appeal any claim against a Bond.

9. I agree that I CANNOT TERMINATE my LIABILITY to CBIC created by this agreement except by sending written notice of intent to terminate to CBIC. Written notice to terminate shall be sent to CBIC at its home office, 1213 Valley Street, P.O. Box 9271, Seattle, WA 98109-9271. I AGREE that the termination will be effective thirty working days after actual receipt of such notice by CBIC, but only for Bonds signed or committed to by CBIC after the effective date. Thus, I agree that I will REMAIN LIABLE to CBIC for LOSS on BONDS SIGNED OR COMMITTED TO BY CBIC PRIOR TO THE EFFECTIVE DATE OF TERMINATION.

10. I agree that CBIC can bring any legal action arising out of or in any way related to any Bond or this agreement in Los Angeles County, California, and that California law shall apply where CBIC makes such election.

11. I agree that CBIC shall have the right to fill in any blanks left herein and to correct any errors made by me in filling in any blanks.

12. I agree that I have READ AND UNDERSTOOD this agreement, that I am signing as a PERSONAL INDEMNITOR, on behalf of my MARITAL COMMUNITY, and in my CORPORATE, PARTNERSHIP, or LLC CAPACITY, if any. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision. No missing signature shall invalidate this agreement.

		ilisert Principal's fiame exactly as it is to appeal ili bonu.
Date	COMPANY NAME (Print)	
Indemnitor's X Signature*		Indemnitor's Name* (Print)
Spouse Indemnitor's Signature*		Spouse Indemnitor's Name* (Print)