

## CALIFORNIA BUSINESS / JANITORIAL SERVICES APPLICATION

A BOND INFORMATION		
TYPE OF BUSINESS <input type="checkbox"/> Business Services <input type="checkbox"/> Janitorial Service	NUMBER OF EMPLOYEES	BOND AMOUNT REQUESTED <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> Other \$
TYPE OF SERVICE	REQUESTED EFFECTIVE DATE	
B BUSINESS INFORMATION		
NAME OF BUSINESS	BUSINESS PHONE	
STREET ADDRESS	BUSINESS FAX	
CITY/ STATE/ ZIP	EMAIL ADDRESS	
C ADDITIONAL INFORMATION		
Have you had any employee dishonesty losses in the past five years? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please explain (attach separate sheet if needed)</i>		

...dersigned are required to sign individually.

The under signed certify the above information is true and correct. The applicant hereby warrants that, to the best of his/her/its knowledge, no facts currently exist which could reasonably give rise to a claim against this policy.

Signed, sworn to and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**X** \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE AND INDIVIDUALLY

PRINT NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/ STATE/ ZIP \_\_\_\_\_

**X** \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE AND INDIVIDUALLY

PRINT NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/ STATE/ ZIP \_\_\_\_\_

### Bonds issued by American Contractors Indemnity Company

Bond Amount	One Year	Employees over 5	Rates
\$2,500	\$50.00	+\$1/ employee	Three year premium is 2.25 times the annual rate
\$5,000	\$75.00	+\$2/ employee	First years premium is fully earned upon issuance
\$7,500	\$100.00	+\$3/ employee	
\$10,000	\$125.00	+\$4/ employee	
\$25,000	\$250.00	+\$5/ employee	
			Example of premium calculation for
			\$7,500 bond amount, 8 employees
			for one year term
			One year (\$7,500) \$100.00
			3 employees at \$3 \$9.00
			Total Annual Premium \$109.00

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ HCCS Prod No. \_\_\_\_\_

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