

# HCC SURETY GROUP

## MULTI APP

Application for License, Permit and Miscellaneous Bonds  
Bonds of \$50,000.00 or more use General Indemnity Agreement

A BOND INFORMATION							
TYPE OF BOND	IF CONTRACTOR, LICENSE # IF NEW, ATTACH PASS LETTER	BOND AMOUNT	EFFECTIVE DATE	TERM OF BOND	PRIOR BOND? <input type="checkbox"/> Yes <input type="checkbox"/> No		
BOND TO BE FILED WITH (OBLIGEE)		STREET ADDRESS OF OBLIGEE					
CITY		STATE			ZIP		
B BUSINESS INFORMATION							
COMPANY NAME (EXACTLY AS IT APPEARS ON BOND)			BUSINESS PHONE		HOW LONG UNDER CURRENT OWNERSHIP? _____ YRS. _____ MOS.		
DESCRIBE TYPE OF BUSINESS					NUMBER OF YEARS EXPERIENCE		
COMPANY ADDRESS		CITY		STATE		ZIP	CO TAX ID#
PRIOR OR CURRENT BOND WITH:	HOW LONG	BOND NO.	REASON FOR CHANGE				
COMPANY IS A: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> CORPORATION; DATE INCORPORATED: / /			IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS				
BANK NAME (BUSINESS ACCOUNT)		STREET ADDRESS					
CITY		STATE		ZIP	PHONE		
CHECKING ACCOUNT NO.		BALANCE	SAVINGS ACCOUNT NO.		BALANCE		
HAVE YOU, YOUR SPOUSE OR CO. EVER FAILED IN ANY BUSINESS VENTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO                    BEEN INVOLVED IN ANY DISPUTE WHERE A LAWSUIT OR LIEN WAS FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO BEEN A PRINCIPAL OR INDEMNITOR ON A BOND WHICH A CLAIM WAS BROUGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO                    BEEN SUBJECT TO A FEDERAL TAX LIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO                    IF "YES" TO ANY OF THESE QUESTIONS, ATTACH A DETAILED EXPLANATION							
CREDIT REFERENCES WITH WHOM YOU DO BUSINESS							
NAME	ADDRESS			CITY, STATE, ZIP		PHONE	
NAME	ADDRESS			CITY, STATE, ZIP		PHONE	
C PERSONAL INFORMATION FOR APPLICANT, STOCKHOLDERS AND INDEMNITORS							
INDIVIDUAL'S NAME		<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	<input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER'S LIC. NO./STATE	
HOME ADDRESS		CITY	STATE	ZIP	HOME PHONE	<input type="checkbox"/> OWN <input type="checkbox"/> HOUSE <input type="checkbox"/> RENT <input type="checkbox"/> APT.	HOW LONG? _____ YEARS _____ MOS. \$ MONTHLY PAYMENTS
PREVIOUS ADDRESS		CITY		STATE		ZIP	
EMPLOYER		CITY	STATE	ZIP	WORK PHONE	LENGTH OF EMPLOYMENT _____ YEARS _____ MONTHS	
SPOUSE'S NAME		DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LIC. NO./STATE	
SPOUSE'S EMPLOYER		CITY	STATE	ZIP	WORK PHONE	LENGTH OF EMPLOYMENT _____ YEARS _____ MONTHS	
DATE HOME PURCHASED	PURCHASE PRICE	CURRENT MARKET PRICE	PRESENT LOAN BALANCE (\$)		LOAN NO.	MONTHLY PAYMENT (\$)	
NAME OF BANK (PERSONAL ACCOUNT)		BANK ADDRESS			CHECKING ACCT. NO. _____	BALANCE _____	
					SAVINGS ACCT. NO. _____	BALANCE _____	
NEAREST RELATIVE/NAME	ADDRESS		CITY	STATE	ZIP	RELATIONSHIP	PHONE
ARE ANY OF YOUR ASSETS IN TRUST(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO							

**IMPORTANT: PAGE TWO CONTAINS LEGAL OBLIGATIONS. READ CAREFULLY & SIGN.**

**INDEMNITY AGREEMENT - READ CAREFULLY. Your signature creates legal consequences to you.**

In consideration of American Contractors Indemnity Company and/or U. S. Specialty Insurance Company referred to hereafter as "Surety," issuing the bond applied for, the undersigned hereby agree for themselves, their heirs, successors and assigns, jointly and severally:

1. To pay Surety an annual premium in advance each year during which liability under the bond shall continue in force and until satisfactory evidence of termination of the Surety's liability is furnished to the Surety.
2. To indemnify Surety against all losses, liabilities, costs, damages, attorneys' fees and expenses the Surety may incur or has incurred due to the execution and issuance of the bond on, before or after this date including any modifications, renewals or extensions of the bond or the enforcement of the terms of this indemnity agreement.
3. The Surety or its representatives shall have the right to examine the credit history, department of motor vehicle records, employment history, books and records of the undersigned or the assets covered by the bond, or the assets pledged as collateral for the bond.
4. The undersigned agree to waive notice of the execution of the bond, notice of any fact, knowledge or information affecting the undersigned's rights or liabilities under the bond that Surety may have or discover prior to or after execution of the bond.
5. The undersigned, upon written demand, shall deposit with Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety may in its absolute discretion determine is necessary and the deposit shall be pledged as collateral security on any such bond or other bonds the Surety may have issued for the undersigned. The undersigned hereby irrevocably appoints Surety as their attorney in fact to execute any documents necessary to perfect Surety's security interests in any collateral submitted to Surety. Surety shall have the exclusive right to determine if any claim or suit shall be denied, paid, compromised, defended or appealed. An itemized statement of payments made by Surety shall be prima facie evidence of the obligation of undersigned due to Surety. The undersigned agree that it is their responsibility to defend their own interests.
6. 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.
7. The rights and obligations of the undersigned are in addition to and cumulative of all other rights, liabilities and obligations under the laws of the State of California. The undersigned confirms that Surety shall have every right, defense or remedy including the rights of exoneration and subrogation.
8. Unless specified by law or stated in the bond that the bond can not be cancelled, Surety may cancel bond by mailing a notice of cancellation in the U.S. mail to the Obligee and Principal at the last address provided to Surety and cancellation shall become effective thirty (30) days after the date of deposit with the United States Postal Service.

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

**FIRST YEAR'S PREMIUM OR \$100.00 MINIMUM PREMIUM, WHICHEVER IS GREATER, IS FULLY EARNED UPON ISSUANCE.**

**IMPORTANT SIGNATURE INSTRUCTIONS**

If sole owner, applicant must sign as duly authorized representative. Spouse must sign personal indemnity below.

If a general partnership, an authorized partner must sign as duly authorized representative. All authorized partners and spouses must sign personal indemnity below.

If a corporation, the president must sign as the authorized representative. All stockholders of 10% or more and spouses must sign personal indemnity below.

**\*\*EACH SIGNATURE MUST BE NOTARIZED - see page 3\*\***

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

Principal:

X \_\_\_\_\_  
(Principal's Duly Authorized Representative's Signature and Title)

\_\_\_\_\_  
Company Name (Exactly As It Appears On Bond)

X \_\_\_\_\_  
(Principal's Duly Authorized Representative's Signature and Title)

Indemnitors:

X \_\_\_\_\_  
(Indemnitor's Signature) (Print Name)

X \_\_\_\_\_  
(Indemnitor's Signature) (Print Name)

X \_\_\_\_\_  
(Indemnitor's Signature) (Print Name)

X \_\_\_\_\_  
(Indemnitor's Signature) (Print Name)

Fraud Notice: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**AGENT INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City & Zip \_\_\_\_\_ HCCS Producer No. \_\_\_\_\_

To reach the branch closest to you, CALL 800-787-3896