

## LOST NOTE / DEED BOND APPLICATION

Applicant _____	Social Security Number _____
Spouse _____	Day Phone _____
Address _____	Evening Phone _____
Occupation _____	Own a Home? _____ Equity in Home \$ _____
<b>NOTE INFORMATION</b>	
Maker (Trustor) _____	
Beneficiary _____	
Amount _____	Date Made _____ Date Payable _____ Date Paid _____
<b>TRUST DEED INFORMATION</b>	
Trustee: _____	
Recorded in _____	County on _____ in Book _____ Page _____
<b>ESCROW INFORMATION</b>	
Escrow Company _____	File (Escrow) No. _____ Phone No. _____
<b>BOND INFORMATION (Note: Bond amount is determined by the Trustee, not the surety or escrow company.)</b>	
1. If note is paid, and evidence of payment is provided, premium is \$15.00 per \$1,000. of bond amount.	\$ _____ (bond amount) x 1.5% = \$ _____ (premium)
2. If note is unpaid, premium is \$40.00 per \$1,000. of bond amount.	\$ _____ (bond amount) x 4% = \$ _____ (premium)
3. If bond is to facilitate foreclosure, premium is \$20.00 per \$1,000. of bond amount.	\$ _____ (bond amount) x 2% = \$ _____ (premium)
(Minimum Premium \$100.00)	
Summarize the facts related to the loss of the note.	

**Please provide the following additional items:** 1. A copy of a recent Preliminary Title Report on the property, 2. A copy of the note if available, 3. If available, send copies of canceled checks, payment books, etc., that prove that payment was made, 4. A check for the bond premium.

FINANCIAL STATEMENT AS OF \_\_\_\_\_, \_\_\_\_\_

Cash in Bank _____	Bank Loan _____
Securities (Marker) _____	Borrowed on Securities _____
Accounts Receivable _____	Accounts Payable _____
Notes Receivable _____	Notes Payable _____
Real Estate _____	Mortgage of Real Estate _____
Cash Value of Life Insurance _____	Other Liabilities _____
Other Assets _____	
Total _____	Total _____

**Indemnity Agreement**

\_\_\_\_\_ signed applicant(s) and indemnitor(s) hereby:

- A. Certify the information in this application is true and request American Contractors Indemnity Company to become surety for the above named applicant.
- B. The undersigned authorize state agencies, credit services, banks and other firms and corporations to furnish any information requested concerning any transactions, including but not limited to credit history and department of motor vehicle records, and the undersigned specifically waive any confidentiality requirements.

Should American Contractors Indemnity Company ("Company") execute said bond the undersigned agree as follows:

- 1. To indemnify the Company and hold it harmless against all loss, liability, costs, and expenses of whatever kind and nature, including but not limited to, investigative, accounting, and the fees and disbursements of counsel which the Company sustains or incurs for or by reason of said bond.
- 2. If requested, to immediately place with the Company funds to meet any claim or demand before the Company makes payment.
- 3. To authorize the Company to adjust, settle, or compromise any claim or demand, suit or judgment upon said bond and to defend such suits and appeal such judgments.
- 4. To accept as prima facie evidence, voucher(s) and itemized statement(s) sworn to by officers of the Company in the event of payment(s) by the Company.
- 5. The Agreement shall bind the undersigned, their heirs, executors, administrators, successors and assigns.

**Signature(s) of Applicant(s) for bond:** \_\_\_\_\_

Date: \_\_\_\_\_

Applicant _____	Applicant _____
<b>AGENT INFORMATION</b>	
Name <u>Barragan Insurance Agency</u>	Phone <u>916-984-9320</u>
Address <u>1132 Suncastr Lane Ste 8</u>	Fax <u>916-984-8013</u>
City, State, Zip <u>El Dorado Hills, CA 95762</u>	HCCS Producer No. <u>17308</u>