

### 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	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						

AGENT INFORMATION		
Name _____	J. Barragan / Barragan Insurance Agency	Phone _____ (916) 984-9320
Address _____	90 Blue Ravine Road Ste 74 Folsom, CA 95630	Fax _____ (916) 984-8013
City & Zip _____		HCCS Producer No. _____ 17308

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

HCCSCA102A01/08

ARE ANY OF YOUR ASSETS IN TRUST(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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**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, or any bond(s) in substitution for or in succession of the said bond(s), or any increase or extension of time of the said bond(s), or any new bond or any modifications, renewal or continuation of any of the foregoing, 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. The undersigned hereby grants the Obligee the authority to release to the Surety and its authorized representatives, any and all relevant information necessary for the underwriting of this 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. ASSIGNMENT - As security for the performance of all the provisions of this agreement, effective as of the date of this agreement, the undersigned hereby assign, transfer, pledge and convey to Surety all of their right, title, interest and estate in and to all real and personal property which the undersigned now own or hereinafter acquire, including all income and receipts therefrom and increases and appreciation thereon, said assignment to include but not be limited to:
  - A. Any and all sums due or which may hereafter become due under any contract and all other sums due or to become due on all other contracts, in which any of the undersigned have an interest.
  - B. All rights arising out of notes, accounts receivable, and any claims of any kind and court actions.
  - C. Any and all undisbursed loan funds, deposit accounts or interest reserve accounts to which the undersigned may be entitled, and any and all collateral for the undertakings given by the undersigned in connection with any contract.
- 7. The Surety may, at its option, file or record this agreement or any other document executed by any or all the undersigned, individually or jointly, in connection with the application, issuance or execution of any bond or bonds, or renewal thereof, coming within the scope of this instrument as: a security agreement or as part of a financing statement or, as notice of its prior interest and assignment under the provisions of the Uniform Commercial Code or any other statute, ordinance or regulation of any jurisdiction or agency. The filing or recording of such document shall be solely at the option of the Surety. The failure to so file shall not release or discharge any of the obligations of the undersigned under this agreement. A copy or other reproduction of this agreement or of any other documents filed or recorded by the Surety, is sufficient as a financing statement, security agreement or notice of prior interest under this agreement.
- 8. 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.
- 9. The obligations of the undersigned are in addition to and cumulative of all other 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.
- 10. 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).

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

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

## ACKNOWLEDGMENTS

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Here Insert Name and Title of the Officer

personally appeared \_\_\_\_\_  
Name(s) of Signer(s)

\_\_\_\_\_ ,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

Signature of Notary Public