Phone: 916-984-9320 Fax: 916-984-9320 www.barraganinsurance.com

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		RACTOR, LICENS ATTACH PASS LE				SOND AMC		EFFE	CTIVE DAT	E	PRIOR BOY	ND?	
BOND TO BE FILED WITH (O	BLIGEE)			STREET	ADDRESS O	F OBLIGEE	3						
CITY							STAT	Έ					ZIP
В				BUSI	NESS IN	FORM	ATION						
COMPANY NAME (EXACTLY	Y AS IT API	PEARS ON BOND)			BUSINESS						CURRENT YRS.		MOS.
DESCRIBE TYPE OF BUSINE	SS				<u> </u>						S EXPERIENC		
COMPANY ADDRESS					CITY			STAT	Е		ZIP		
PRIOR OR CURRENT BOND	WITH:	HOW LONG	3	BOND N	NO.		REASON FO	OR CHAN	NGE				
		ORSHIP - PART DATE INCORPOR		- LLC			IF PARTNE NUMBER C				LDERS		
BANK NAME (BUSINESS AC	COUNT)				STREET AD	DRESS							
CITY					STAT	ГЕ		ZIP	PHON	NE			
CHECKING ACCOUNT NO.			BA	LANCE		SAVING	S ACCOUNT ?	NO.				BALA	NCE
HAVE YOU, YOUR SPOUSE OR BEEN A PRINCIPAL OR INDEM DECLARED BANKRUPTCY?						BEEN SUI	OLVED IN AN BJECT TO A FE TO ANY OF TH	DERAL	AX LIEN?	YES	NO		
CREDIT REFERENCES WITH	WHOM YO	U DO BUSINESS											
NAME		ADDRES	S				CITY	, STATE,	ZIP			PHONE	
NAME		ADDRES	S				CITY	, STATE,	ZIP			PHONE	
\mathbf{C}	PERSO	NAL INFOR	RMATIC)N FO	R APPLI	CANT.	STOCK	HOLI	DERS A	ND IN	DEMNI	TORS	
INDIVIDUAL'S NAME						DATE OF			L SECURIT				. NO./STATE
HOME ADDRESS		CITY	:	STATE	ZIP	HON	ME PHONE			HOUSE APT.	HOW LONG		
PREVIOUS ADDRESS					CITY				STAT		YEAR	Z	ZIP
EMPLOYER		CITY		STAT	E ZI	P	WORK P	HONE		L	ENGTH OF I		MENT MONTHS
SPOUSE'S NAME			DATE OF E	BIRTH		SOCIAL	SECURITY N	O.		DRI	VER'S LIC. N	NO./STATI	3
SPOUSE'S EMPLOYER		CITY		STAT	E ZI	P	WORK P	HONE		L	ENGTH OF E		IENT _MONTHS
DATE HOME PURCHASED	PURCHA	SE PRICE	CURRE	NT MARI	KET PRICE	PRESEN'	Γ LOAN BALA	ANCE (S)	LOAN	NO.			PAYMENT (S)
NAME OF BANK (PERSONAL	L ACCOUNT	BANK AD	DRESS				NG ACCT. NO					ALANCE _	_
NEAREST RELATIVE/NAME	<u> </u>	ADDRESS			CITY	SAVING	S ACCT.NO STATE		ZIP	DELATI	ONSHIP	ALANCE _	ONE
INLANEST RELATIVE/INAME		VDDKE99			CILI		SIAIE	2	-11°	KELAII	ONSHIP	PHC	MAE

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:

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
 - All rights arising out of notes, accounts receivable, and any claims of any kind and court actions.
 - 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.
- 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.
- 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.
- 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 MU	JST 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 I	t Appears On Bond)	X (Principal's Duly Authorized Represent	rative's Signature and Title)		
Indemnitors:	Tr	· · · · · · · · · · · · · · · · · · ·	,		
X		X			
(Indemnitor's Signature)	(Print Name)	(Indemnitor's Signature)	(Print Name)		
X		X			
(Indemnitor's Signature)	(Print Name)	(Indemnitor's Signature)	(Print Name)		

State of		
County of		
On before me,		
Date	Here Insert Name and Title of the Off	ficer
personally appeared	Name(s) of Signer(s)	
		,
who proved to me on the basis of satisfactory evidence to instrument and acknowledged to me that he/she/they execu his/her/their signature(s) on the instrument the person(s), o instrument.	uted the same in his/her/their authorized	capacity(ies), and that by
I certify under PENALTY OF PERJURY under the la paragraph is true and correct.	ws of the State of	that the foregoing
WITNESS my hand and official seal.		
Signature	(Seal)	
Signature of Notary Public		
State of		
County of		
On before me,		
Date	Here Insert Name and Title of the Off	ficer
personally appeared	Name(s) of Signer(s)	
his/her/their signature(s) on the instrument the person(s), o instrument. I certify under PENALTY OF PERJURY under the la paragraph is true and correct. WITNESS my hand and official seal.		
Signature	(Seal)	
Signature of Notary Public	(Scar)	
State of		
County of		
On before me,		
Date Detoit lie,	Here Insert Name and Title of the Off	ficer
personally appeared		
	Name(s) of Signer(s)	
who proved to me on the basis of satisfactory evidence to instrument and acknowledged to me that he/she/they executions/her/their signature(s) on the instrument the person(s), o instrument.	uted the same in his/her/their authorized	capacity(ies), and that by
I certify under PENALTY OF PERJURY under the la paragraph is true and correct.	ws of the State of	that the foregoing
WITNESS my hand and official seal.		
Signature	(Seal)	

State of		-		
County of		_		
On	before me,			
Date		Here Insert Name a	nd Title of the Officer	
personally appeared				
		Name(s) of Signer(s)		
instrument and acknowled	lged to me that he/she/they e	executed the same in his/her/th s), or the entity upon behalf of	eir authorized capacity(ies	s), and that by
I certify under PENALT paragraph is true and corr		e laws of the State of	that	the foregoing
WITNESS my hand and o	official seal.			
Signature		(Seal)		
	Signature of Notary Publi	c		