

## **California Sabbatical Leave Bond Application**

													<b></b>		
BOND INFORMATION	Name of School District								Employer Phone No.						
Address	-	c	City			Sta	State			Zip Code					
Penal Amount of Bond		Dates of Leav	e of Absence	e						Len	igth of	Emplo	yment wit	h this :	School District
PERSONAL	Individual's Nan	From:			To:		6								
INFORMATION															
Social Security No. Home Phone No. Monthly Income															
Spouse's Name	2011-00-00 K.X 13 T 13		1			Social Se									
Spouse's Employer	Employer	Employer Phone No.			Length of Employment			Monthly Income							
Residence Address			City					State Zip		How long at residence? Yrs./Mos.					
Own Rent	/ Payment	Payment Residence Mortgage Ho			Ye		r Purchased Purchase Price					Loan	Balance(s)		
Ever declared bankruptcy?	House	formation to the	IRS or state t	tax liens?				pending aga	inst you?	Ever Failed in Business?					
Yes No Bank (Personal Account)		Phone No.	No	Che	ecking Ad	ct. No		No			Yes   No     Balance:				
Nearest Relative/Relations	hip	Address	Address			t No.		City		St	Balance: State Zip Code		de	Phone No.	
INDEMNIFICATION	AGREEMEN	IT						that we are a state of the stat							
for all purposes of law and equity. I authorize surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree: <b>FIRST</b> : To pay Surety each premium or premiums due, until satisfactory evidence that surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage. <b>SECOND</b> : To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including legal fees and expenses. <b>THIRD</b> : To hold harmless and indemnify Surety from any and all liability, damages, losses, costs and expenses of every kind, including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and/or issuance of any bond. <b>FOURTH</b> : To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from date such payments are made. <b>FIFTH</b> : That Surety has the exclusive right to defend, settle, pay, or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety. <b>SIXTH</b> : That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any loss reserve. Surety may hold such collateral security until it has deterined that it is no longer exposed to a loss and may retain or sell the collateral security for reinburse itself. <b>EIGHTH</b> : That a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original statement. <b>NINTH</b> : I agree that I cannot terminate shall be sent to the Surety at its home office, 9025 N. Lindbergh Dr. Peoria, IL 61615. I agree that the effective date. Thus, I agree that I alphy to all renewals, continuations, substitutio															
Signed this day of,															
X Indemnitor's Signature Indemnitor's Name (Print)															
X															
Spouse Indemnitor's Signature Spouse Indemnitor's Name (Print)															
AGENT/BROKER INFORMATION	Agent/Broker	Name		Code	Phone	No.		Fax No.	City				S	State	Zip
AGENT'S       We are not very familiar with this applicant.         We are familiar with applicant and are aware of no adverse information about him/her.         We know applicant very well and offer our highest recommendation.															



RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

## Confidential Credit Information

Name:	Name: Date of Birth:								
Residence Address:									
Occupation: Employer:									
Length of Service Required after Sabbatical Leave:									
Reason for Sabbatical: (Circle One): Study or Travel Additional Sabbatical Information:									
Non Retirement Securities									
Real Estate	Values (reasonable Compara	bles)	Mortgage	Owned					
Financial Statement									
Please indicate or provide explanation relating to any assets owned jointly or liabilities owned with others. (Attach additional schedules and explanatory notes if necessary).									
	ASSETS	AMOUNT	<b></b>	LIABILITIES					
	Deposits with Lender		Notes & Loans	Notes Payable to Banks					
Cash	Other Banks or Savings & Loans		Payable (Other than Real Estate)	Notes & Loans Payable (Other)					
Stocks & Bonds	Marketable Securities Others		Insurance Policy Loans						
Vehicles & Boats	Year/Description		Accounts & Bills Payable	Bank Charge Cards Open & Revolving Accounts Other					
Real Estate	Residence(s) Unimproved Land Income Property/ Properties Other		Real Estate Notes & Contracts Payable	Residence(s) Unimproved Land Income Property/ Properties Other					
Other Assets	Other Assets & Personal Property		Other Liabilities						
	Total Assets			Total Liabilities					
CONSENT if you are relying on income from a person who is not an applicant above, please have that person complete this section so that we may verify their credit.       NET (DIFFERENCE BETWEEN TOTAL WORTH (ASSETS & TOTAL LIABILITIES)         I authorize Lender to make any investigations of my credit either directly or indirectly or through any agency employed by Lender for that purpose in connection with this credit application.									
Date: Signature: Social Security Number:									
AGENT: Barragan Insurance Agency									
I recommend this risk I have executed.  Signature of Agent  Please send me this bond.									