



California Sabbatical Leave Bond Application

BOND INFORMATION		Name of School District		Employer Phone No.	
Address		City	State	Zip Code	
Penal Amount of Bond		Dates of Leave of Absence From: To:		Length of Employment with this School District	
PERSONAL INFORMATION		Individual's Name			
Social Security No.		Home Phone No.		Monthly Income	
Spouse's Name		Social Security No.			
Spouse's Employer		Employer Phone No.		Length of Employment	Monthly Income
Residence Address		City	State	Zip	How long at residence? Yrs./Mos.
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Apt <input type="checkbox"/> Buying <input type="checkbox"/> House	Monthly Payment	Residence Mortgage Holder	Year Purchased	Purchase Price	Current Mkt. Value Loan Balance(s)
Ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any unpaid IRS or state tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any lawsuits pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank (Personal Account)		Phone No.	Checking Acct. No.		Ever Failed in Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Savings Acct No.		Balance: _____ Balance: _____
Nearest Relative/Relationship		Address		City	State Zip Code Phone No.
INDEMNIFICATION AGREEMENT					
<p>I agree to indemnify RLI Insurance Company and/or Contractors Bonding and Insurance Company (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation 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: FIRST: 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. SECOND: To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including legal fees and expenses. THIRD: 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. FOURTH: To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from date such payments are made. FIFTH: 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. SIXTH: 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 blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon. SEVENTH: To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself. EIGHTH: 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. NINTH: I agree that I cannot terminate my liability to the Surety created by this agreement except by sending written notice by certified mail of intent to terminate to the Surety. Written notice to terminate shall be sent to the Surety at its home office, 9025 N. Lindbergh Dr. Peoria, IL 61615. I agree that the termination will be effective thirty working days after the actual receipt of such notice by the Surety, but only for bonds signed or committed to by Surety after the effective date. Thus, I agree that I will remain liable to the Surety for loss and expenses on bonds signed or committed to by Surety prior to the effective date of termination. TENTH: This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for. ELEVENTH: I agree that I have READ AND UNDERSTOOD this agreement, that I am signing as a PERSONAL INDEMNITOR, on behalf of my MARITAL COMMUNITY, and in my CORPORATE, PARTNERSHIP, or LLC CAPACITY, if any. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision. No missing signature shall invalidate this agreement.</p>					
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	State	Zip	
AGENT'S RECOMMENDATION		<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> 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: _____ 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: _____

Real Estate Values (reasonable Comparables) _____ Mortgage _____ Non Retirement Securities 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	LIABILITIES	
Cash	Deposits with Lender		Notes & Loans Payable (Other than Real Estate)	Notes Payable to Banks
	Other Banks or Savings & Loans			Notes & Loans Payable (Other)
Stocks & Bonds	Marketable Securities		Insurance Policy Loans	
	Others			
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.

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.

NET (DIFFERENCE BETWEEN TOTAL WORTH (ASSETS & TOTAL LIABILITIES))

Date: _____ Signature: _____ Social Security Number: _____

AGENT: Barragan Insurance Agency

I recommend this risk ☐ I have executed.

☐ Please send me this bond.

Signature of Agent