



# All Purpose Application

☐ Check here if correspondence was previously sent to RLI

From:

<b>APPLICANT INFORMATION</b>		Applicant Name (must be exactly as it is to appear on bond)										
Applicant Address			City		State		Zip		<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Corporation			
Nature of Business				Number of Owners		Business Phone No.		How long in business?				
<b>BOND INFORMATION</b>		Type of Bond				Bond Amount		Effective Date				
Obligee Name & Address												
<b>PERSONAL INFORMATION</b>		Must be completed by Applicant, Partners, Corporate Owners/Officers and Members/Managers of LLCs. Use additional application if more than one owner (or owner and spouse).										
Individual's Name					Percent Ownership	Social Security No.		Date of Birth				
Spouse's Name					Percent Ownership	Social Security No.		Date of Birth				
Residence Address			City		State	Zip		Phone No.		How long at residence? Yrs./Mos.		
Current Residence • Own <input type="checkbox"/> Rent	Current Value		Loan Balance		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				
<b>INDEMNIFICATION AGREEMENT</b>												
<p>I agree to indemnify <b>RLI Insurance Company</b> and/or <b>Contractors Bonding and Insurance Company</b> (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: <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 judgement against the bond, including any legal fees and expenses, and a claim fee charge in the amount of \$119.40 for the first claim and \$69.44 for each additional claim. <b>THIRD:</b> To individually, and jointly and severally with Principal and all other indemnitors, agree 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 the 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 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. <b>SEVENTH:</b> 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. <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 agreement. <b>NINTH:</b> 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. <b>TENTH:</b> I agree that Surety can bring any legal action arising out of or in any way related to any Bond or this agreement in King County, Washington and that Washington law shall apply where Surety makes such election. <b>ELEVENTH:</b> This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for. <b>TWELFTH:</b> 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 _____												
<div><div>X</div><div>Indemnitor Signature</div><div>Indemnitor Name (Print)</div></div>												
<div><div>X</div><div>Spouse Signature</div><div>Spouse Name (Print)</div></div>												
<div><div>X</div><div>Indemnitor Signature</div><div>Indemnitor Name (Print)</div></div>												
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<div><div>X</div><div>Spouse Signature</div><div>Spouse Name (Print)</div></div>												
<b>AGENT/BROKER INFORMATION</b>		Agent/Broker Name		Code	Phone No.		Fax No.		City		State	Zip
<b>AGENT'S RECOMMENDATION</b>		<div><input type="checkbox"/> We are not very familiar with this applicant.</div> <div><input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her.</div> <div><input type="checkbox"/> We know applicant very well and offer our highest recommendation.</div>										

Please see attached page for fraud warnings for all states.

<b>PROBATE BOND</b>		No Financial Statement necessary. Applicant must sign front of application.					
Name of Deceased or Ward				M Deceased • Ward		Is there a going business in the estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	Date of Death	Date of Appointment	Has a bond been filed in this estate before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, do not write the bond; submit to Company for approval.)				
Name and Address of Attorney (Must be Represented by an Attorney for RLI to Consider a Bond.)						Will attorney remain throughout the estate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Name, Age and Health Status <input type="checkbox"/> Minor <input type="checkbox"/> Incompetent				Applicant's Relationship to Deceased/Ward		Applicant's Net Worth	
Is applicant indebted to the estate or trust? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain how debt will be repaid on separate sheet.)			Who are the heirs of this estate?				
What is the source of guardianship funds? (If an insurance settlement, do not execute the bond; submit to RLI for approval.)			Are guardianship funds to be used for support of ward? (If Yes, please send copy of court order authorizing monthly expenditures.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
			Do all interested parties agree with the principal's appointment as fiduciary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, do not write the bond; submit to RLI for approval.)				
Is the bond required on the demand of an interested person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes"; by whom?			Assets of estate or trust (describe). Send copy of inventory if assets exceed \$300,000.				
Name and Address of Court							
<b>LOST INSTRUMENT BOND</b>		Attach all information from transfer agent.					
Serial Number and Description (Please submit a copy or sample of the form it was on.)				Date of Instrument		Payable to applicant only? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, to whom is it payable?	
Are securities pledged, assigned or endorsed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How did instrument become lost or destroyed?		Has notice of loss been given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, when? To whom?				
If registered, in whose name?	If a check, has payment been stopped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, when?		If a deed of trust or note, has either been involved in a lawsuit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was a judgment obtained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>MISCELLANEOUS COURT BOND</b>		Please include with application the court documents including the complaint and any court orders.					
Plaintiff			Name and Address of Applicant's Attorney				
Defendant			Name and Location of Court				
Describe Nature and Reason for Action							
<b>FIDELITY BOND</b>		No Financial Statement necessary. Applicant must sign front of application.					
Annual Salary	Will applicant sign checks? • Yes <input checked="" type="checkbox"/> No	Is countersignature required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, by whom?			Regular audits? M Yes <input checked="" type="checkbox"/> No If Yes, by whom?		
Are bank accounts reconciled by someone not authorized to deposit or withdraw from the accounts? M Yes <input checked="" type="checkbox"/> No		Ever discharged from any employment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, why?					
Last position held?		Present Position or Title			How long in present position?		Applicant's Net Worth
<b>PUBLIC OFFICIAL BOND</b>		No Financial Statement necessary. Applicant must sign front of application.					
Official Title	Other or Previous Occupation	Elected Appointed	Date	Term of Office	Premium will be paid M Annually <input type="checkbox"/> For Term	Applicant's Net Worth	
<b>FINANCIAL INFORMATION</b>	Financial Information needs to be completed for all financial obligation bonds (sales tax, wage and welfare, utility bonds, etc.) and for all bond requests of \$10,000 or more unless otherwise noted. Applicant may attach their own financial statement or complete information below.						
<b>ASSETS</b>				<b>LIABILITIES</b>			
Cash In	Bank			Notes Payable	Bank		
Cash In	Bank			Notes Payable	Bank		
Stocks & Bonds Consisting of				Other Notes Payable			
Notes Receivable - Describe				Accounts Payable			
Accounts Receivable				Taxes Due			
Merchandise, Inventories, Etc. (At Cost)				Real Estate Mortgages (Give Amount on Each Parcel)			
Real Estate (Location, Description and Appraised Value).				1.			
1.				2.			
2.				3.			
3				Other Liabilities - Describe			
Furniture & Fixtures							
Other Assets - Describe							
<b>TOTAL ASSETS</b>				<b>TOTAL LIABILITIES</b>			
				Capital Stock			
				Net Worth or Surplus			
				<b>TOTAL LIABILITIES AND NET WORTH</b>			
Gross Sales - Two Years Ago Last Year							
Net Income - Two Years Ago Last Year							

Alabama, Arkansas, D.C., Louisiana, Maryland, Rhode Island, West Virginia

*Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.*

Colorado

*It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.*

Oklahoma

*Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.*

Florida

*Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.*

Kentucky, Pennsylvania

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.*

Tennessee, Virginia, Washington

*It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.*

Maine

*It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.*

New Jersey, New Mexico

*Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.*

New York

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.*

Ohio

*Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.*

Oregon

*Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.*

Utah

*Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.*



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

## Lost Trust Deed/Note Questionnaire

1. Is this a sale ( ) Yes ( ) No
2. If this is a sale, does the applicant own any other real estate or is he/she buying another property, please give explanation and new address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Is the property subject to the trust deed / note being refinanced ( ) Yes ( ) No
  - a. Amount of new loan: \_\_\_\_\_
  - b. Name of Lender: \_\_\_\_\_
4. Has the lost trust deed been paid in full ( ) Yes ( ) No  
Amount unpaid: \_\_\_\_\_
5. Has the deed of trust been pledged? ( ) Yes ( ) No  
If note was pledged, to whom? \_\_\_\_\_
6. To whom were the payments made on the note, and/or deed of trust made? Give names and addresses. If other than the original beneficiary, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Please explain the circumstances involving the lost trust deed and/or note:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If proof of payment has been lost, please explain the circumstances:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Please explain what steps have been taken to locate the beneficiary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. **Description of Note:**  
Date of Note: \_\_\_\_\_ Principal Amount: \_\_\_\_\_  
Maker/Trustor: \_\_\_\_\_  
Beneficiary/Payee: \_\_\_\_\_  
  
Today's Date: \_\_\_\_\_ This form completed by: \_\_\_\_\_



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

## Lost Trust Deed Note Affidavit

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

The undersigned, being duly sworn, under penalty of perjury deposes and says:

That a certain note dated \_\_\_\_\_ executed by \_\_\_\_\_ in favor of \_\_\_\_\_ in the amount \_\_\_\_\_ is the one and only note, and that there is no other note outstanding, and that every effort has been made to contact the beneficiary, and that the note has been paid in full on \_\_\_\_\_ date and that \_\_\_\_\_ is/are the payee(s) on said note. Said note is secured by a Deed of Trust recorded in \_\_\_\_\_ County on \_\_\_\_\_ as Instrument No. \_\_\_\_\_, Book \_\_\_\_\_, Page \_\_\_\_\_ of official records.

That the undersigned further agree(s) to hold \_\_\_\_\_ **RLI Insurance Company** free and harmless from any loss they sustain by virtue of the foregoing not being true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_

By: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of California, residing  
at \_\_\_\_\_



RLI Insurance Company  
P.O. Box 3967 Peoria IL 61612-3967  
Phone: 309-692-1000 Fax: 309-692-8637

## Personal Financial Statement Form

<b>PERSONAL INFORMATION</b>	Name	Date of Birth	Social Security Number	Address
Spouse's Name		Date of Birth	Social Security Number	

**Statement of Assets and Liabilities as of \_\_\_\_\_**

**ASSETS**

**LIABILITIES**

Cash on Hand \$ \_\_\_\_\_

Cash in following banks

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Marketable Securities \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Notes Receivable \$ \_\_\_\_\_

Real Estate in MY name

Description and location

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Personal Property

\_\_\_\_\_ \$ \_\_\_\_\_

Other Assets (describe)

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

Notes Payable \$ \_\_\_\_\_

Accounts Payable \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Taxes Due \$ \_\_\_\_\_

Mortgages on Real Estate

Description and location

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Other Liabilities (describe)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**NET WORTH** \$ \_\_\_\_\_

**TOTAL LIABILITIES AND NET WORTH** \$ \_\_\_\_\_

The undersigned hereby certifies that the list of assets and liabilities given herein is a true and correct statement of the financial condition on the date given above and that the depositories are hereby authorized to confirm any inquiry made by \_\_\_\_\_  
**RLI Insurance Company** or its representatives as to any statement made herein relative to monies on deposit or loans made.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

X \_\_\_\_\_  
(Sign here)

X \_\_\_\_\_  
(Sign here)

<b>AGENT/BROKER INFORMATION</b>	Agent/Broker Name Barragan Insurance Agency	Code 78049	Phone No. 916-984-9320	Fax No. 916-984-8013	City El Dorado Hills	State CA	Zip 95762
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