

## SPEEDY APP

TYPE OF BOND	AMOUNT \$	EFFECTIVE DATE	TERM	SOCIAL SECURITY NO.
NAME (MUST BE EXACTLY AS IT IS TO APPEAR ON BOND)		BUSINESS PHONE		BUSINESS FAX
BUSINESS STREET ADDRESS (MUST BE PROVIDED)			CITY	STATE
			ZIP	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC
MAILING ADDRESS			CITY	STATE
			ZIP	TAX ID FOR CORPORATION OR PARTNERSHIP
HOME ADDRESS			NATURE OF APPLICANT'S BUSINESS	
			HOME PHONE	
<b><u>PROCESS SERVER BOND</u></b> Bond Amount - \$2,000. 2-Year Term - \$50.00 County of _____		<b><u>NOTARY BOND</u></b> Bond Amount - \$15,000. 4-Year Term - \$50.00 Attach Copy of Commission Slip		<b><u>MOTOR VEHICLE</u></b> (Defective Title, Foreign Vehicle) Rate 2% of bond amount required. \$100 min. Complete Below. If bond exceeds \$10,000., submit financial statement. BOND AMOUNT \$ _____
<b><u>INSURANCE BROKER BOND</u></b> Bond Amount - \$10,000. 2-Year Term - \$100.00 Broker's License _____		<b><u>TAX PREPARER BOND</u></b> Bond Amount - \$5,000.00 <input type="checkbox"/> 1-Year Term - \$45.00 <input type="checkbox"/> 2-Year Term - \$55.00 <input type="checkbox"/> 3-Year Term - \$70.00 <input type="checkbox"/> 4-Year Term - \$80.00		_____ VEHICLE MAKE                      MODEL                      YEAR                      CYL _____ BODY TYPE                      LICENSE                      MOTOR NO. _____ SERIAL NO.

### INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN

IN CONSIDERATION of the execution of such bond, and in compliance with a promise of the undersigned made prior thereto, the undersigned individually hereby agree, for themselves, their personal representatives, successors and assigns, jointly and severally, as follows:

1. To reimburse American Contractors Indemnity Company ("Surety") upon demand for all payments made for and to indemnify Surety from:
  - a) all loss, contingent loss, liability and contingent liability, claim, expense, including attorneys' fees, for which Surety shall become liable or shall become contingently liable by reason of such suretyship, whether or not Surety shall have paid same at the time of demand; and
  - b) to pay Surety an advance premium for the first year or a fractional part thereof that is fully earned and to pay annually thereafter such annual premium for suretyship as is billed until satisfactory evidence of discharge or release of liability shall be furnished to Surety by the obligee.
  - c) Upon written demand, to deposit with the Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety in its absolute discretion determines necessary and the deposit shall be pledged as collateral security on any bond or other bonds the Surety may have issued for the undersigned.
2. Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles, California and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles, California.
3. Surety is authorized to investigate, at any time, the undersigned's credit, employment history, and department of motor vehicle records.

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Regardless of the date of signature, this indemnity is effective as of the date of execution 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).

**Date** \_\_\_\_\_

<b>If Individual - Sign Below</b>	
✓ _____ Signature	✓ _____ Signature - Spouse
Printed Name Soc. Sec. # _____ Driver's Lic. # _____	Printed Name Soc. Sec. # _____ Driver's Lic. # _____

<b>If Partnership - Sign Below</b>
Name of Partnership
✓ _____ Signature - Partner & Individually
Printed Name Soc. Sec. # _____ Driver's Lic. # _____
✓ _____ Signature - Partner & Individually
Printed Name Soc. Sec. # _____ Driver's Lic. # _____

<b>If Corporation - Sign Below</b>
Name of Company
✓ _____ Signature - President & Individually
Printed Name Soc. Sec. # _____ Driver's Lic. # _____
✓ _____ Signature - Secretary
Printed Name

<b>AGENT INFORMATION</b>	
Name _____	Phone (____) _____
Address _____	Fax (____) _____
City, State, Zip _____	HCCS Producer No. _____