AGENT USE ONLY
BOND NUMBER

HCC Surety Group
601 S. Figueroa Street, Suite 1600, Los Angeles, California 90017

CALIFORNIA CONTRACTORS LICENSE APPLICATION

A	BUSINESS INFORMATION	
BUSINESS/ LICENSE NAME		CONTRACTORS LICENSE NUMBER or APPLICATION FEE NUMBER
IF RME/ RMO, QUALIFYING INDIVIDUALS NAME		
ADDRESS		REQUESTED EFFECTIVE DATE
CITY/ STATE/ ZIP	BUSINESS PHONE	BUSINESS FAX

B	INDEMNITOR INFORMATION		
FIRST NAME/ MIDDLE NAME/ LAST NAME	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME ADDRESS		EMAIL ADDRESS	
CITY/ STATE/ ZIP	HOME PHONE NUMBER		HOME FAX NUMBER

INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN

IN CONSIDERATION of the execution of such bond, the undersigned individually and if applicable, on behalf of the partnership or corporation, 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 all loss, claim payments, costs and expenses, including attorneys' and construction consultants' fees, which the Surety incurs;
2. To pay Surety an advance premium for the first year or a fractional part thereof and to pay annually thereafter such annual premium for suretyship until satisfactory evidence of discharge or release of liability shall be furnished to Surety by the obligee;
3. 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;
4. 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; and
5. Surety is authorized to investigate, at any time, the undersigned's credit, employment history, and department of motor vehicle records.

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).

Signed, sworn to and dated this _____ day of _____ , _____ .

X _____
(Authorized Representative and Individually)

X _____
(Authorized Representative and Individually)

Agent Name:	Sanguinetti & Co. Insurance Brokers	Phone:	209-475-5182
Address:	7337 Pacific Avenue	Fax:	209-954-0800
City,State, Zip	Stockton California 95207-1924	HCCS Prod No.	6504

visit us at www.hccsurety.com for more information

Sanguinetti & Co. Insurance Brokers
Phone: 800-350-7700 ext. 182
Ca. License # 0552394

AUTHORIZATION TO CHARGE CREDIT CARD FOR THE PAYMENT OF BOND PREMIUM OR RENEWAL THEREOF

The undersigned, having made application for a surety bond(s) to be issued by AMERICAN CONTRACTORS INDEMNITY COMPANY and/or U. S. SPECIALTY INSURANCE COMPANY or any renewals of such bond(s), hereby authorizes AMERICAN CONTRACTORS INDEMNITY COMPANY and/or U. S. SPECIALTY INSURANCE COMPANY, its employees, agents or representatives to charge such premium, collateral, or fees not to exceed the sum of $_____ as may be applicable for the issuance of said bond(s) to the credit card account more fully described below.

The authorization information below will be held on file in confidence. The credit card may be checked for validity before issuance of the bond(s). The card number below may be used to pay the premium, collateral, or fees when it becomes due until this authorization is cancelled in writing by the undersigned, provided, however, if the bond obligation undertaken by AMERICAN CONTRACTORS INDEMNITY COMPANY and/or U. S. SPECIALTY INSURANCE COMPANY is non-cancelable, this authorization will remain in full force and effect until such time as the bond obligation referred to herein is fully exonerated and discharged.

Applicant agrees that AMERICAN CONTRACTORS INDEMNITY COMPANY and/or U. S. SPECIALTY INSURANCE COMPANY may pursue all avenues of collection, including use of collection agencies and authorizes the Surety to submit credit card charges using the charge card listed below to recover all payments due and all other unpaid amounts for payment of premiums.

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

_____ _____
Card Number Expiration Date

_____ _____
Name of Cardholder Principal Name (if different than cardholder)

_____
Address (where credit card bill is received)

_____
City State Zip

I hereby declare that I am the holder of the above credit card, or have been authorized by the holder of said card, to use it to pay premium(s), collateral, or fees for surety bond(s) provided by AMERICAN CONTRACTORS INDEMNITY COMPANY and/or U. S. SPECIALTY INSURANCE COMPANY. I also understand that this credit card may be charged for any future invoice renewal premiums that may become due and payable.

_____ _____
Cardholder Signature Date

FOR OFFICE USE ONLY

_____ _____
BER and/or CSA # Agency # Credit Authorization #

_____ _____
Branch # Requested by Type of Charges (premium, collateral, fee, etc.)