

Sanguinetti & Co. Insurance Brokers

7337 Pacific Avenue, Stockton CA 95207-1924

Fax: (209) 954-0800 or (877) 577-1722

Email: info@sanguinettico.com

APPLICANT				
NAME (MUST BE EXACTLY AS IT IS ON BOND)		SOLE PROPRIETOR	CORPORATION	PARTNERSHIP
BUSINESS STREET ADDRESS	BUSINESS PHONE ()	Fax ()		
CITY		ST	ZIP	
Name:	Title:	Spouse's name:	Prior Bond Co.	
Soc. Sec. No.	D.O.B. / /	Spouse's Soc- Sec: No.		
HOME ADDRESS		Home phone		
CITY		ST	ZIP	
Real Estate Owned	Mortgage	Securities owned		

Has applicant ever; (a) had an application for a bond declined; (b) compromised with creditors; (c) defaulted on a contract; (d) defaulted on a contract forcing a Surety to suffer a loss; (e) experienced a bankruptcy; (f) been in receivership or been liened by a taxing authority? Yes ___ No (If yes to any of the above, attach a full explanation.)

BOND REQUIRED
Type of bond:
Amount: Effective Date:
To be filed with (Obligee)
Address:
PLEASE ENCLOSE ANY ADDITION PERTINENT INFORMATION (I.E. BOND FORMS, APPLICABLE STATUTES AND PERMITS, COURT)

ADDITIONAL OWNERS OR PARTNERS AS REQUIRED	
NAME:	SPOUSE'S NAME:
Soc. Sec. No.	Spouse's Soc. Sec. No.
Home Address:	Phone:()

BUSINESS INFORMATION	
DATE BUSINESS ESTABLISHED:	
NAME & BRANCH OF BANK:	Bank Reference:
Account No:	Bank Balance: Line of Credit \$
Number of years experience in this field	

Please provide your Email: _____

ALL PREMIUMS ARE EARNED IN FULL

Sanguinetti & Co. Insurance Brokers

7337 Pacific Avenue, Stockton CA 95207-1924

Fax: (209) 954-0800 or (877) 577-1722, Email: info@sanguinettico.com

AGREEMENT OF INDEMNITY

The undersigned and each of them hereby certify that the statements contained herein are true, and are made to induce the SURETY (herein called Surety) to execute or continue the suretyship described herein and authorize SURETY to confirm bank balances and all other items which appear in said statement In consideration of the execution by SURETY of the suretyship herein applied for. I (we) agree:

1. To pay to SURETY upon demand:
 - (a) All loss and expense, including attorneys' fees, for which SURETY shall become liable by reason of such suretyship, whether or not SURETY shall have paid such loss and expense at the time of demand:
 - (b) The annual premium for such suretyship until satisfactory evidence of termination of liability shall be furnished to SURETY.
 - (c) All attorneys' fees and costs incurred by SURETY in enforcing this agreement.
 - (d) An amount sufficient to discharge any claim against SURETY by reason of such suretyship. This sum may be used to pay such claim of be held by SURETY as collateral security against loss.
2. SURETY shall have the exclusive right to determine whether any claim or suit shall, on the basis of liability, expediency or otherwise, be paid, compromised, defended or appealed.
3. An itemized statement of loss and expense incurred SURETY, sworn to by an officer of SURETY, shall be prima facie evidence of the fact and extent of my (our) obligation to SURETY.
4. SURETY may procure its release from said suretyship under any law for release of sureties without liability to me for any damage I sustain therefrom.
5. That this agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.
6. That if this suretyship is given in connection with lost instruments or securities, and such lost instruments come into my possession at any time, I will, at my own cost and expense deliver or cause such said securities to be delivered to SURETY.
7. A representative of SURETY may at any time examine any assets held in trust under this suretyship, and SURETY may, at its option, exercise joint control or joint custody with me over such assets.
8. That if said suretyship is cancelable this agreement may be terminated, upon written application to SURETY, only by written notice from SURETY stating when such termination will take effect
9. A photocopy or facsimile of the signatures will be as binding as original signatures
10. All premiums are fully earned upon issuance of 1st year or renewals, unless prohibited bylaw.

Signed and dated this _____ day of _____ A.D. 20
SIGNATURE OF APPLICANT FOR BOND

if sole proprietorship, owner should sign; if partnership, all partners must sign; if corporation, president must sign, with signature attested by corporate secretary under corporate seal; all individual applicants should sign.

FIRM NAME

SIGNATURE

X _____
Attest Corp Sig

X _____
PRINT NAME & TITLE

in consideration of the execution by SURETY of the bond herein applied for, the undersigned, jointly and severally, join in the foregoing indemnity agreement

SIGNATURE OF PERSONAL INDEMNITORS

PRINT NAME OR NAMES

PRINT NAME OR NAMES

X _____ <-
INDEMNITORS SIGNATURE

X _____
INDEMNITORS SIGNATURE

X _____ <-
SPOUSE'S SIGNATURE

X _____
SPOUSE'S SIGNATURE

PLEASE SIGN IN BOTH PLACES ONCE FOR THE FIRM
ONCE AS INDIVIDUAL INDEMNITOR

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR BONDS CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Personal Financial Statement

Date: _____

Financials Statement of (name): _____ Social Security # _____

(Street Address, City, State, Zip)

Cash on hand and in banks		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others	
IRA or Retirement Acct.		Installment Account (Auto)	
Accounts & Notes Receivable		Installment Account (Other)	
Life Insurance – Cash Surrender Value Only		Loan on Life Insurance	
Stocks and Bonds		Unpaid Taxes	
Real Estate (complete section below)		Mortgages On Real Estate	
Automobile – Present Value		Other Liabilities	
Other Personal Property		Total Liabilities	
Other Assets		<i>Net Worth (Assets less Liabilities)</i>	
Total			Total

ANNUAL INCOME		ANNUAL EXPENDITURES	
Salary or Wages		Property Taxes and Assessments	
Dividends and Interest		Federal and State Income Taxes	
Rentals (Gross)		Real Estate loan Payments	
Other Income (Describe) _____ _____ _____		Payments on Contract & other notes (Describe) _____ _____ _____	
		Insurance Premiums	
		Estimated Living Expenses	
		Other _____ _____	
Total Income		Total Expenditures	

Signature: _____ Printed Name: _____ Date: _____

Real Estate Owned (Used attachment if necessary to list all properties owned.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Mortgage Holder			
Mortgage Balance			
Payment Per Month/Year			

1. STOCKS AND BONDS

Name of Security	No. Shares	If Any Pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value
TOTAL:				\$

2. ACCOUNTS RECEIVABLE

Name and Address (City and Street) From Whom Due	For What is Due	When Sold	When Due	Amount
TOTAL:				\$

3. NOTES RECEIVABLE

Name and Address (Street and City) for Whom Due	For What Due	How Secure	Date	Maturity	Amount
TOTAL:					\$

4. EQUIPMENT

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
TOTAL:			\$	\$	\$

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement. I authorize the Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, or manner of meeting obligations to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001). Section 817,234(1) (b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information is guilty of a felony of the third degree."

Signature: _____ Printed Name: _____ Date: _____