

# MULTI APP

Application for License, Permit and Miscellaneous Bonds  
Bonds of \$50,000.00 or more use General Indemnity Agreement

A BOND INFORMATION					
TYPE OF BOND	IF CONTRACTOR, LICENSE # IF NEW, ATTACH PASS LETTER	BOND AMOUNT	EFFECTIVE DATE	TERM OF BOND	PRIOR BOND? <input type="checkbox"/> Yes <input type="checkbox"/> No
BOND TO BE FILED WITH (OBLIGEE)		STREET ADDRESS OF OBLIGEE			
CITY		STATE		ZIP	
B BUSINESS INFORMATION					
COMPANY NAME (EXACTLY AS IT APPEARS ON BOND)		BUSINESS PHONE		HOW LONG UNDER CURRENT OWNERSHIP? _____ YRS. _____ MOS.	
DESCRIBE TYPE OF BUSINESS			NUMBER OF YEARS EXPERIENCE		
COMPANY ADDRESS		CITY		STATE	ZIP
				CO TAX ID#	
PRIOR OR CURRENT BOND WITH:	HOW LONG	BOND NO.	REASON FOR CHANGE		
COMPANY IS A: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> CORPORATION; DATE INCORPORATED: / /			IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS		
BANK NAME (BUSINESS ACCOUNT)		STREET ADDRESS			
CITY		STATE		ZIP	PHONE
CHECKING ACCOUNT NO.	BALANCE	SAVINGS ACCOUNT NO.	BALANCE		
HAVE YOU, YOUR SPOUSE OR CO. EVER FAILED IN ANY BUSINESS VENTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO		BEEN INVOLVED IN ANY DISPUTE WHERE A LAWSUIT OR LIEN WAS FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		BEEN A PRINCIPAL OR INDEMNITOR ON A BOND WHICH A CLAIM WAS BROUGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" TO ANY OF THESE QUESTIONS, ATTACH A DETAILED EXPLANATION			
CREDIT REFERENCES WITH WHOM YOU DO BUSINESS					
NAME		ADDRESS		CITY, STATE, ZIP	PHONE
NAME		ADDRESS		CITY, STATE, ZIP	PHONE
C PERSONAL INFORMATION FOR APPLICANT, STOCKHOLDERS AND INDEMNITORS					
INDIVIDUAL'S NAME		<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER'S LIC. NO./STATE
HOME ADDRESS		CITY	STATE	ZIP	HOME PHONE
					<input type="checkbox"/> OWN <input type="checkbox"/> HOUSE <input type="checkbox"/> RENT <input type="checkbox"/> APT. HOW LONG? _____ YEARS _____ MOS. \$ _____ MONTHLY PAYMENTS
PREVIOUS ADDRESS		CITY		STATE	ZIP
EMPLOYER		CITY	STATE	ZIP	WORK PHONE
					LENGTH OF EMPLOYMENT _____ YEARS _____ MONTHS
SPOUSE'S NAME		DATE OF BIRTH		SOCIAL SECURITY NO.	DRIVER'S LIC. NO./STATE
SPOUSE'S EMPLOYER		CITY	STATE	ZIP	WORK PHONE
					LENGTH OF EMPLOYMENT _____ YEARS _____ MONTHS
DATE HOME PURCHASED	PURCHASE PRICE	CURRENT MARKET PRICE	PRESENT LOAN BALANCE (\$)	LOAN NO.	MONTHLY PAYMENT (\$)
NAME OF BANK (PERSONAL ACCOUNT)		BANK ADDRESS		CHECKING ACCT. NO. _____ BALANCE _____	SAVINGS ACCT. NO. _____ BALANCE _____
NEAREST RELATIVE/NAME		ADDRESS		CITY	STATE
				ZIP	RELATIONSHIP
					PHONE
ARE ANY OF YOUR ASSETS IN TRUST(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO					

**IMPORTANT: PAGE TWO CONTAINS LEGAL OBLIGATIONS. READ CAREFULLY & SIGN.**

**INDEMNITY AGREEMENT - READ CAREFULLY. Your signature creates legal consequences to you.**

In consideration of American Contractors Indemnity Company, Texas Bonding Company and/or U. S. Specialty Insurance Company referred to hereafter as "Surety," issuing the bond applied for, the undersigned hereby agree for themselves, their heirs, successors and assigns, jointly and severally:

1. To pay Surety an annual premium in advance each year during which liability under the bond shall continue in force and until satisfactory evidence of termination of the Surety's liability is furnished to the Surety.
2. To indemnify Surety against all losses, liabilities, costs, damages, attorneys' fees and expenses the Surety may incur or has incurred due to the execution and issuance of the bond on, before or after this date including any modifications, renewals or extensions of the bond or the enforcement of the terms of this indemnity agreement.
3. The Surety or its representatives shall have the right to examine the credit history, department of motor vehicle records, employment history, books and records of the undersigned or the assets covered by the bond, or the assets pledged as collateral for the bond.
4. The undersigned agree to waive notice of the execution of the bond, notice of any fact, knowledge or information affecting the undersigned's rights or liabilities under the bond that Surety may have or discover prior to or after execution of the bond.
5. The undersigned, upon written demand, shall deposit with Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety may in its absolute discretion determine is necessary and the deposit shall be pledged as collateral security on any such bond or other bonds the Surety may have issued for the undersigned. The undersigned hereby irrevocably appoints Surety as their attorney in fact to execute any documents necessary to perfect Surety's security interests in any collateral submitted to Surety. Surety shall have the exclusive right to determine if any claim or suit shall be denied, paid, compromised, defended or appealed. An itemized statement of payments made by Surety shall be prima facie evidence of the obligation of undersigned due to Surety. The undersigned agree that it is their responsibility to defend their own interests.
6. Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles County, California, and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles County, California.
7. The rights and obligations of the undersigned are in addition to and cumulative of all other rights, liabilities and obligations under the laws of the State of California. The undersigned confirms that Surety shall have every right, defense or remedy including the rights of exoneration and subrogation.
8. Unless specified by law or stated in the bond that the bond can not be cancelled, Surety may cancel bond by mailing a notice of cancellation in the U. S. mail to the Obligee and Principal at the last address provided to Surety and cancellation shall become effective thirty (30) days after the date of deposit with the United States Postal Service.

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)

**IMPORTANT SIGNATURE INSTRUCTIONS**

If sole owner, applicant must sign as duly authorized representative. Spouse must sign personal indemnity below.  
 If general partnership, an authorized partner must sign as duly authorized representative. All authorized partners and spouses must sign personal indemnity below.  
 If a corporation, the president must sign as the authorized representative. All stockholders of 10% or more and spouses must sign personal indemnity below.

**\*\*EACH SIGNATURE MUST BE NOTARIZED - see page 3\*\***

Signed, sworn to and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Principal: \_\_\_\_\_ X \_\_\_\_\_  
 (Principal's Duly Authorized Representative's Signature and Title)

\_\_\_\_\_ X \_\_\_\_\_  
 Company Name (Exactly As It Appears On Bond) (Principal's Duly Authorized Representative's Signature and Title)

Indemnitors:  
 X \_\_\_\_\_ X \_\_\_\_\_  
 (Indemnitor's Signature) (Print Name) (Indemnitor's Signature) (Print Name)

X \_\_\_\_\_ X \_\_\_\_\_  
 (Indemnitor's Signature) (Print Name) (Indemnitor's Signature) (Print Name)

**AGENT INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City & Zip \_\_\_\_\_ HCCS Producer No. \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss. On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_ ) before me, \_\_\_\_\_ a  
Notary Public, State of \_\_\_\_\_, duly commissioned and sworn,  
personally appeared \_\_\_\_\_, personally known to me (or proved to me on the  
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged to me that  
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),  
or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

(Seal)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My commission expires \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss. On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_ ) before me, \_\_\_\_\_ a  
Notary Public, State of \_\_\_\_\_, duly commissioned and sworn,  
personally appeared \_\_\_\_\_, personally known to me (or proved to me on the  
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged to me that  
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),  
or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

(Seal)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My commission expires \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss. On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_ ) before me, \_\_\_\_\_ a  
Notary Public, State of \_\_\_\_\_, duly commissioned and sworn,  
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or the entity upon behalf of which the person(s) acted, executed the instrument.  
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(Seal)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My commission expires \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss. On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_ ) before me, \_\_\_\_\_ a  
Notary Public, State of \_\_\_\_\_, duly commissioned and sworn,  
personally appeared \_\_\_\_\_, personally known to me (or proved to me on the  
basis of satisfactory evidence) to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged to me that  
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),  
or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

(Seal)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My commission expires \_\_\_\_\_

# AMERICAN CONTRACTORS INDEMNITY COMPANY

## PERSONAL FINANCIAL STATEMENT NOT TO BE USED FOR BUSINESS STATEMENTS.

**To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitator, the Undersigned submits the following Financial Statement**

Personal financial statement of \_\_\_\_\_ SS. NO. \_\_\_\_\_  
(Name)

(Street Address, City, State, Zip)  
HOME PHONE NO. ( ) \_\_\_\_\_ BUS. PHONE NO. ( ) \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_

AS OF \_\_\_\_\_  
(Date)

CURRENT ASSETS	CURRENT LIABILITIES	
Cash on hand (not in bank) . . . . .	Notes payable to (names and addresses):	
Cash in following banks (names and addresses):	.....	
.....	.....	
.....	Sales Contracts & Chattel Mtgs. (Sch. 6) . . . . .	
Stocks and bonds (Schedule 1) . . . . .	Accounts payable . . . . .	
Accounts receivable (Schedule 2) . . . . .	Current portion of long term debt . . . . .	
Notes receivable (Schedule 3) . . . . .	Other current liabilities (Schedule 6) . . . . .	
Other current assets (Schedule 6)	.....	
.....	.....	
.....	Current Year's Income Taxes Unpaid . . . . .	
.....	Prior Year's Income Taxes Unpaid . . . . .	
.....	Real Estate Taxes Unpaid . . . . .	
.....		
<b>TOTAL CURRENT ASSETS</b>	<b>TOTAL CURRENT LIABILITIES</b>	
<b>FIXED ASSETS</b>	<b>LONG TERM LIABILITIES</b>	
Real estate (Schedule 4):	Real estate debt (Schedule 4):	
Residence . . . . .	Residence . . . . .	
Other . . . . .	Other . . . . .	
Cash value of life insurance (Schedule 5) . . . . .	Borrowed on life insurance (Schedule 5) . . . . .	
.....	.....	
Other assets and investments (Schedule 6) . . . . .	Other long term debt (Schedule 6) . . . . .	
.....	.....	
.....	.....	
.....	.....	
.....	<b>TOTAL LONG TERM LIABILITIES</b>	
<b>TOTAL FIXED ASSETS</b>	<b>NET WORTH</b>	
<b>TOTAL ASSETS</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	

CONTINGENT LIABILITIES

FOR ENDORSEMENTS OR GUARANTEES \$ \_\_\_\_\_ FOR OTHER PURPOSES \$ \_\_\_\_\_

GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

**1. STOCKS AND BONDS**

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
<b>TOTALS</b>				\$	\$

**2. ACCOUNTS RECEIVABLE**

Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
<b>TOTAL</b>				\$

**3. NOTES RECEIVABLE**

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
<b>TOTAL</b>					\$

**4. REAL ESTATE**

Description of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
<b>TOTAL</b>							

**5. LIFE INSURANCE – CASH VALUE**

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

**6. OTHER ASSETS AND LIABILITIES**

Other Current Assets (itemize)	Other Current Liabilities (itemize)	Amount

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature \_\_\_\_\_  
 S.S. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_  
 S.S. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Signed \_\_\_\_\_, \_\_\_\_\_.

Upon completion, please fax to: (877) 577-1722 or (209) 954-0800,  
or scan and email to: info@sanguinettico.com

Sanguinetti & Co. Ins. Brokers  
7337 Pacific Avenue, Stockton CA 95207-1924

## Business Financial Statement

### License-Permit-Miscellaneous Bonds

To include Company to become surety for the surety for the Undersigned or to accept the Undersigned as indemnitor, the Undersigned submits the following Financial Statement:

Name	Social Security No.	
Address	Spouse Social Security No.	
City	State	Zip

Individual  Co-Partnership  Corporation Statement of Assets and Liabilities as of  
(Insert Date, Other Wise Statement Will Be Returned) \_\_\_\_\_ 20\_\_\_\_.

ASSETS		LIABILITIES	
Cash in Bank	A \$	Due to Banks	A \$
Cash in Hand	\$	Federal income Tax	\$
Stocks, Bonds, Etc.	B \$	All Other Taxes	B \$
Accounts Receivable	C \$	Accounts Payable	C \$
Notes Receivable	D \$		D \$
Inventory & Merchandise	\$	Notes Payable	\$
Equipment	F \$	Due on Equipment	F \$
Real Estate	G \$	Due on Real Estate	G \$
Other Assets	H \$	Other Liabilities	H \$
	\$		\$
	\$	Capital Stock (If any)	\$
	\$	Surplus & Undivided Profits	\$
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>

### Statement of Earnings for Period Beginning \_\_\_\_\_ 20\_\_\_\_ and Ending \_\_\_\_\_ 20\_\_\_\_

Gross Income From Business Activities	\$	Expenses of Conducting Business (Rent, Insurance, Etc.)	\$
Gross Income From All Other Sources	\$	Salaries to Officers or Partners	\$
		Dividends Paid During Year	\$
		Federal Taxes Actually Paid During Year	\$
		Reserved For Federal Taxes For Current Year	\$
<b>Total Income</b>	<b>\$</b>	<b>Total Expenditures</b>	<b>\$</b>
		<b>Net Profit or Loss</b>	<b>\$</b>

If no provision has been made for Federal Taxes for Current Year, State Estimated Amount. \$

Have you ever failed in business or compromised with creditors? Explain:

Describe any contingent liabilities (endorser, surety, indemnitor, etc.):

Bank credit established: \_\_\_\_\_ How Secured? \_\_\_\_\_

Lines of business in which you are engaged:

Do you have your books Periodically Audited by C.P.A. or other licensed accountant?  Yes  No

If Yes, give date of last audit and name of accountant:

**IMPORTANT: REVERSE SIDE MUST BE COMPLETED AND SIGNED**

**IF NOT SUFFICIENT SPACE, ATTACH SEPARATE SCHEDULES**

<b>A BANK DATA</b>	NAME AND LOCATION OF BANK			AMOUNT OF DEPOSIT	IN WHOSE NAME	OWED TO BANK	DATE DUE
<b>B STOCKS, BONDS, ETC.</b>	NAME OF SECURITY	NO. SHARES	PAR VALUE	MARKET VALUE	IN WHOSE NAME REGISTERED	IF PLEDGED, TO WHOM	
<b>C ACCOUNTS RECEIVABLE AND PAYABLE</b>	FROM WHOM DUE	AMOUNT		DATE DUE	TO WHOM DUE	AMOUNT	DATE DUE
<b>D NOTES RECEIVABLE AND PAYABLE</b>	TO WHOM DUE	AMOUNT		DATE DUE	TO WHOM DUE	AMOUNT	DATE DUE
<b>E INVENTORY AND MERCHAN- DISE</b>	DESCRIPTION					COST PRICE	MARKET VALUE
<b>F EQUIPMENT</b>	DESCRIPTION	COST PRICE	DEPRECIATION CHARGED OFF	BOOK VALUE	ENCUMBRANCE	AMT PAYABLE MONTHLY	
<b>G REAL ESTATE</b>	LOCATION AND DESCRIPTION	IN WHOSE NAME IS TITLE		PRESENT FORCED SALE VALUE	AMOUNT OF MORTGAGE	NAME OF MORTGAGE	
<b>H OTHER ASSETS AND LIABILITIES</b>	DESCRIPTION OF OTHER ASSETS		AMOUNT		DESCRIPTION OF OTHER ASSETS		AMOUNT

Authority is hereby granted to an individual, firm or corporation, and any financial institution to furnish Surety upon its request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

SIGNATURE		DATE	SPOUSE SIGNATURE		DATE
NAME		DOB	SPOUSE NAME		DOB
SOCIAL SECURITY #	OCCUPATION		SPOUSE SOCIAL SECURITY #		SPOUSE OCCUPATION