



# SURETY COMPANY of the PACIFIC

App 10/05

A Leading California Surety Since 1969  
 6345 BALBOA BOULEVARD, BUILDING 2, SUITE 325, ENCINO, CALIFORNIA 91316-1517  
 REPLY TO: POST OFFICE BOX 10289, VAN NUYS, 91410-0289

PHONE: (800) 537-1819 (818) 609-9232 License No: 0D49985  
 www.SuretyCoPac.com

## \$10,000 CONTRACTOR'S LICENSE BOND APPLICATION

<b>Preferred:</b> (Available to contractors licensed 4 or more years)	<b>Standard:</b>
<input type="checkbox"/> 1 YEAR S107 <input type="checkbox"/> 2 YEAR S163	<input type="checkbox"/> 1 YEAR S144 <input type="checkbox"/> 2 YEAR S199

<b>Please type or use a black ball-point or ink pen</b>		<b>Contractor's:</b>	
Name: <i>Please print exactly as it appears on the contractor's license or license application</i>		DO NOT SUBMIT WITHOUT A LICENSE OR APP. FEE NUMBER	
Business Street Address – No P.O. Box		License or App. Fee #	
Business Mailing Address		License Classification(s); C-53 (Pool) Do NOT use this application. Call SCP ext. 303 for C-53 Application.	
Home Address – No P.O. Box		Date Bond to be effective	
Business Phone	Home Phone	Fax	E-mail Address
( )	( )	( )	
Web Site			

Bonds with a License or Application Fee Number will be electronically filed with the CSLB. A copy of the bond will be sent to you for your records.

Check One:

- If Sole Proprietorship**, owner must sign. If married, spouse must also sign.
- If Partnership**, each partner must sign for the partnership and as individual indemnitors.
- If Corporation**, President and at least one other officer must sign for the corporation and as individual indemnitors.

### Indemnity Agreement

I/We, the undersigned, hereby declare that the above statements are true and correct. I/We hereby apply for a contractor's license bond pursuant to Business & Professions Code §7071.6 and §7071.9. I/We agree individually and as a firm to fully indemnify Surety Company of the Pacific against claims, suits, demands, costs, liabilities or legal expense resulting in any way by virtue of any bond issued pursuant to this application. I/We agree that this agreement shall apply to all renewals or substitutions of any bond herein applied for and that Surety Company of the Pacific shall have the exclusive right to determine whether any claim or suit shall be paid. Each of the undersigned hereby authorizes Surety Company of the Pacific to confirm any and all bank balances and gather any credit or other information it considers necessary and appropriate for purposes of determining whether any bond(s) applied for should be executed. It is agreed that Los Angeles County, Northwest District shall be the appropriate venue for any litigation commenced to enforce this agreement.

<input checked="" type="checkbox"/> PRINT FULL NAME	SIGN NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	DATE SIGNED	DRIVER'S LICENSE NUMBER
<input checked="" type="checkbox"/> PRINT FULL NAME	SIGN NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	DATE SIGNED	DRIVER'S LICENSE NUMBER
<input checked="" type="checkbox"/> PRINT FULL NAME	SIGN NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	DATE SIGNED	DRIVER'S LICENSE NUMBER

PROD. CODE      PRODUCER NAME      ADDRESS      TELEPHONE

IF BOND OF QUALIFYING INDIVIDUAL (RME/RMO/RMI) IS REQUIRED, PLEASE COMPLETE REVERSE SIDE.

### FOR COMPANY USE ONLY

Producer Code	Number	License	Term	Note
Effective	Premium	U/W	K/P	Ver