



# SURETY COMPANY of the PACIFIC

App 6/1/08

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

## \$12,500 CONTRACTOR'S LICENSE BOND APPLICATION

### Bonds with EFFECTIVE Dates of June 1, 2008 and Subsequent

**Preferred:** (Available to contractors licensed 4 or more years)  
**1 YEAR \$134**      **2 YEAR \$204**

**Standard:**  
**1 YEAR \$180**      **2 YEAR \$249**

Please type or use a black ball-point or ink pen

Name: Please print exactly as it appears on the contractor's license or license application

**DO NOT SUBMIT WITHOUT  
A LICENSE OR APP. FEE NUMBER**

License or  
App. Fee #

Business Street Address – No P.O. Box

License Classification(s):  
We do **NOT** bond C-53 (pool)  
or C39 (roofing) classes.

Business Mailing Address

Declared Bankruptcy?      Yes       No

Had prior or pending tax liens?      Yes       No

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.

### I n d e m n i t y   A g r e e m e n t

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
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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

# \$12,500 Bond of Qualifying Individual

App 6/1/08

**ONLY COMPLETE IF  
A BOND OF QUALIFYING INDIVIDUAL (RMO/RME/RMI) IS REQUIRED.**  
*A bond of qualifying individual is NOT required if the RMO owns 10% or more of the corporation.*

## Bonds with EFFECTIVE Dates of June 1, 2008 and Subsequent

**Preferred:** (Available if LICENSE BEING QUALIFIED has been licensed 4 or more years)

**1 YEAR \$134**

**2 YEAR \$204**

**Standard:**

**1 YEAR \$180**

**2 YEAR \$249**

**Please type or use a black ball-point or ink pen**

Qualifier's Name – Please print exactly as it appears on the contractor's license or license application

DO NOT SUBMIT WITHOUT  
A LICENSE OR APP. FEE NUMBER  
**Qualifier's** License or Application  
Fee Number

Name of Company you are qualifying - print exactly as it appears on the contractor's license or license app.

**Qualifier's** License Classification(s):

Business Street Address – No P.O. Box

Declared Bankruptcy? Yes  No

Business Mailing Address

Had prior or pending tax liens? Yes  No

Qualifier's 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:**

**RMO: Responsible Managing Officer**

**RME: Responsible Managing Employee**

## I n d e m n i t y   A g r e e m e n t

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 QUALIFIER'S FULL NAME	QUALIFIER'S SIGNATURE	QUALIFIER'S DATE OF BIRTH
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QUALIFIER'S SOCIAL SECURITY NUMBER	DATE SIGNED	QUALIFIER'S DRIVER'S LICENSE NUMBER
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QUALIFIER'S OTHER RELATED CONTRACTOR'S LICENSES (ACTIVE, INACTIVE OR CANCELLED)

PROD. CODE	PRODUCER NAME	ADDRESS	TELEPHONE
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Producer Code	Number	License	Term	Note
Effective	Premium	U/W	K/P	Ver

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