## Motor vehicle defective title bond inquiry

If the bond is to be listed under your business name, please write the business name here:
Your name(s) as exactly listed on your Driver's License:
Your address:
Married?N
Your Phone:
Your Email:
Check one:IndividualCorporationPartnershipLLC
The State DMV requiring the bond is
Vehicle Year: Vehicle Make: Vehicle Model:
Vehicle Estimated Value: \$
Vehicle VIN Number:
To pay by credit card, please complete the following:VisaMastercardAmerican ExpressDiscover Your Credit Card Number:
Expiration Date (month/year):
Name on credit card:
If not paying by credit card, mail your check or money order to our office along with this form, and write your check or money order to "Liberty Mutual Surety". No cash accepted.
If the estimated value of the vehicle is over \$15,000, additional information may be required.
How did you hear of our agency?
Signature(s)

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

Email: bonds@sanguinettico.com

Phone: (209)475-5182 or (800)350-7700,  $x182 \sim Fax$ : (209)954-0800 or (877)577-1722

License No. 0552394, Website: www.needabond.com



## APPLICATION FOR QUOTE & ISSUE BOND

BOND NUMBER	
AGENCY CODE	
980262	

Entity:	☐ Partnership ☐ Sole	e Proprietorship	oration LLC		
		APPLICANT			
NAME & TRADE STYLE (IF ANY)				PHONE NUMBER	
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	
BILLING ADDRESS	☐ DIRECT BILL	CITY	STATE	ZIP CODE	
Has applicant, or have ar surety claims proceeding			ith creditors, been subject of ban on separate piece of paper.	nkruptcy or	
		BOND REQUIR	ED .		
OBLIGEE				BOND AMOUNT	
ADDRESS		CITY	STATE	ZIP CODE	
DESCRIPTION OF BOND		TYPE	TERM	EFFECTIVE DATE	
	SINFORMATION ON EA		OR STOCKHOLDER, INCL	UDING YOURSELF:	
NAME		SOCIAL SECURITY NUMBER	NAME OF SPOUSE		
RESIDENCE ADDRESS		CITY	STATE	ZIP CODE	
EQUITY IN REAL ESTATE YEARS EXP		EXPERIENCE	% OWNERSHIP		
			%		
NAME		SOCIAL SECURITY NUMBER	NAME OF SPOUSE		
RESIDENCE ADDRESS		CITY	STATE	ZIP CODE	
EQUITY IN REAL ESTATE YEARS EXPE		EXPERIENCE	% OWNERSHIP	l l	
			%		
NAME		SOCIAL SECURITY NUMBER	NAME OF SPOUSE		
RESIDENCE ADDRESS		CITY	STATE	ZIP CODE	
EQUITY IN REAL ESTATE YEARS EXPER		EXPERIENCE	% OWNERSHIP		
			%		

## INDEMNITY AGREEMENT

The undersigned (collectively "Indemnitor") represents that all statements made in this Application and in any Application Supplement are true and made without reservation to induce Liberty Mutual Insurance Company and any other company that is part of or added to the Liberty Mutual Group, severally not jointly, and/or for which surety business is underwritten by Liberty Mutual Surety ("Surety") to extend surety credit in any manner, including but not limited to providing or having provided requested Bond(s) in reliance upon the provision of its indemnity, and hereby agrees with Surety, its successors and assigns, as follows:

- 1) to pay premiums when due;
- 2) to deliver evidence satisfactorily to Surety, of the release of all liability:
- 3) to exonerate and indemnify Surety from and against all claims, losses, liability, damages of any type (including punitive), costs, fees, expenses, suits, orders, judgments, or adjudications whatsoever which Surety may incur in any manner related to the extension of surety credit, including the enforcement of the agreements contained herein and any matter subject to any bankruptcy court (collectively "LOSS");
- 4) That Surety shall have the right, at its sole discretion, to pay, adjust, settle or compromise any LOSS and the voucher or other evidence of such payment, settlement or compromise, whether Surety was liable therefore or not, shall be prima facie evidence of the fact and extent of Indemnitor's liability;
- 5) to place Surety in funds immediately upon demand, the amount Surety deems necessary to protect itself from any LOSS or potential LOSS, whether or not Surety has made payment or posted a reserve, Surety having the right to use all or part of these funds in payment or settlement of any LOSS or in reimbursement to Surety for payment of same:
- 6) that Indemnitor hereby authorizes Surety to Investigate statements made herein and to check credit with creditors and/or lending institutions, and further authorizes any present or former employer or any other person, firm or corporation, to furnish information concerning Indemnitor in connection with the Surety's extension of surety credit and with Indemnitor's compliance with obligations hereunder and under any Bond or underlying obligation, and Indemnitor hereby releases any of the aforementioned from liability in consequence of furnishing or disclosing such information;
- 7) that Surety may bring separate suits to recover hereunder as causes of action shall accrue and that the bringing of suit or recovery of judgment upon any cause of action shall not prejudice or bar the bringing of other suits upon other causes of action, whether heretofore or thereafter arising;
- 8) that and all other rights which Surety may have or acquire against Indemnitor under other or additional agreements of indemnity or any other written agreement (with this Agreement collectively "INDEMNITY") related to the extension of surety credit, shall be in addition to and not in lieu of the rights afforded Surety under this Agreement;
- b) that if Surety executes any Bond(s) with any cosurety or reinsures all or any part of any Bond(s), that all the terms of this Agreement shall apply and operate for the benefit of such cosurety and reinsurer, as their interests may appear;

- 10) that these covenants shall be jointly and severally binding upon Indemnitor, its respective heirs, executors, administrators, successors and assigns;
- 11) that Surety shall have the right to decline to issue or to cancel Bond(s) at any time, free of claim for loss or damage by Indemnitor, and Surety shall be under no obligation to disclose its reasons therefore, the provisions of any law to the contrary being hereby waived;
- 12) that the exercise, delay of or failure by Surety to exercise of any right, remedy or power whatsoever shall not preclude Surety's simultaneous or subsequent exercise or constitute any waiver of such or other rights, remedies or powers;
- 13) if any Bond(s) cover the replacement of lost securities, Indemnitor will at its own cost, promptly deliver said securities to Surety if said securities come under Indemnitor's control or possession;
- 14) that if any Bond(s) relate to the assets of an estate, Indemnitor will provide reasonable access to all records concerning the estate and upon request shall provide a written report of the condition of the estate. Furthermore, Indemnitor grants, assigns, pledges and conveys to Surety as security, a lien on and security interest in and to Indemnitor's interest, title and rights in the proceeds of any insurance policy affording coverage for all or part of any bonded obligation, and in the contracts or obligations (and all proceeds thereof without limitation) that grow in any manner whatsoever as a result of the extension of surety credit. While the lien and security interests are effective immediately, Surety may exercise its remedies with respect to such only in the event of: a) Indemnitor's failure to fulfill any obligation whatsoever for which i) Bond(s) are provided, ii) contained in any Bond(s), or iii) contained within any INDEMNITY agreement with the Surety; and b) any assignment by Indemnitor for the benefit of creditors or any agreement or proceeding of liquidation, receivership or bankruptcy whatsoever. Indemnitor hereby authorizes Surety to file any such financing statement as Surety deems necessary or appropriate to perfect the liens and security interest granted herein.

With respect to Court Bonds and Receiver/Trustee Bonds: INDEMNITORS ACKNOWLEDGE AND AGREE THAT THE FIRST YEAR PREMIUM IS FULLY-EARNED WHEN THE BOND IS ISSUED EVEN IF THE BOND IS SUBSEQUENTLY REDUCED OR TERMINATED DURING THE FIRST YEAR. IF A BOND IS REDUCED OR TERMINATED DURING THE SECOND OR SUBSEQUENT YEAR AFTER A RENEWAL PREMIUM IS PAID, THE RENEWAL PREMIUM SHALL BE ADJUSTED PRO RATA UPON REDUCTION OR TERMINATION.

Signed and dated this	day of	·
	If INDIVIDUAL or	SOLE PROPRIETORSHIP, sign here:
Witness		Individual
	If PA	ARTNERSHIP, sign here:
		Partnership Name
Witness		Partner
Witness		Partner
Witness		Partner
	If CO	DRPORATION, sign here:
		Name of Corporation (SEAL)
Attest		President
		If LLC, sign here:
		Name of LLC
Attest		Member
Attest		Member
Attest		Member
In consideration of the execution		TURE of INDEMNITORS  oplied for, the Undersigned, jointly and severally, join in the foregoing Indemnity Agreement.
Indemnitor #1		Indemnitor #1, Spouse, if applicable
Indemnitor #2		Indemnitor #2, Spouse, if applicable
Indemnitor #3		Indemnitor #3, Spouse, if applicable
Indemnitor #4		Indemnitor #4, Spouse, if applicable

Fax the completed application to 866-547-4883 or email to bonds@libertymutual.com

## Credit Card Authorization Form

ull Name as listed on Credit Card:
redit Card Number:
redit Card:VisaMastercardDiscover (American Express not accepted)
VS Security Code:
xpiration Date:
redit Card Billing Address:
(street address)
(city, state, zip)
your name listed on the bond? If not, whose name is listed on the bond?

Scan and email to <a href="mailto:bonds@sanguinettico.com">bonds@sanguinettico.com</a>, or fax to (209) 954-0800 or (877) 577-1722

Rick Mena

Sanguinetti & Co. Insurance Customer Service Sales Agent

Email: rmena@sanguinettico.com Website: www.needabond.com

Facebook: www.facebook.com/sanguinetti.marktwain