

License & Permit/Miscellaneous

Commercial Surety Application



Complete this application in its entirety.
Application must be SIGNED, WITNESSED and DATED.

General Information Questions

Type of Bond (describe purpose) _____
(Attach a copy of the bond form, if available)

Agency Name: SANGUINETTI & CO. INS.
RO/Agency Code: 57-128439 Sub Producer Code: _____ Bond Number: _____
Agency City: STOCKTON Agency State: CALIFORNIA

Bond Amount: \$ _____ Effective Date of Bond: _____ Bond Term, if known: _____
of years

Applicant is: (select one) Individual Partnership C-Corp S-Corp LLC _____
Applicant (Principal): _____ Date of Birth: _____

Name to appear on Bond, if different from Applicant: _____

Applicant's Business Address: _____

Applicant's Business Description or Latest Occupation: _____

Number of Years in Business: _____

SS#: _____ - _____ Fed Tax ID: _____ U.S. Citizen? No Yes

Business Phone: _____ Fax No.: _____ Email: _____

Obligee – party requiring the bond (required): _____

Obligee Address: _____

Billing Method: Agency Bill Direct Billed – full payment Direct Bill TABS Account
TABs Account No.: _____

Billing Address, if different from Applicant's Address: _____

Underwriting Questions

Does the Applicant have any other Surety bonds in force with any other Surety company?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has another Surety company declined to write this or any previous bond?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever had a bond involuntarily terminated or cancelled?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has there ever been a claim or legal action against any bond executed on your behalf?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you or any of your companies declared bankruptcy or become insolvent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been convicted of a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
(If you answered Yes to any of the above questions, please attach a detailed explanation.)		
Has the Applicant continuously been in business under the current name and ownership for at least three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the bond guarantee the performance of a <i>specific</i> contract or agreement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, attach a copy of the contract or agreement.	<input type="checkbox"/> copy attached	
Does the bond cover any type of environmental or pollution exposure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the bond guarantee the payment of taxes, fees, wages or payment of any type?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Indemnity Agreement

The undersigned Applicant and Indemnitor(s), (all hereinafter called the Indemnitor(s)) hereby certify that the foregoing declarations made and answers given are the truth without reservation, and are made for the purpose of inducing the Surety to execute a certain bond or undertaking herein applied for, and any renewal, procurement, assumption, continuation or increase of the same, or any bond of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used).

Indemnitor(s) hereby expressly authorize Hartford to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) To verify information supplied to Hartford; (b) For underwriting purposes; and (c) Upon receipt of a notice of claim or potential claim, for debt collection. Hartford may furnish copies of any and all statements, agreements, and financial statements and any information, which it now has or may hereafter obtain concerning each of the Indemnitors, to other persons or companies for the purpose of procuring co-suretyship or reinsurance.

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself or any of its affiliates, parent, subsidiaries, co-sureties, or re-insurers, (individually and collectively called "Hartford"), as Surety, shall execute or procure the execution of the bond or undertaking hereinbefore applied for, which bond and application are hereby referred to and made a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with Hartford as follows:

Indemnitor(s) shall pay the premiums and renewal premiums for each bond issued hereunder, until Hartford has received written legal evidence, satisfactory to Hartford, in its sole discretion, of its discharge from all such bonds and all liability related thereto.

Indemnitor(s) agree to indemnify Hartford and save it harmless from any and all loss and expense of whatsoever kind or nature, including, but not limited to interest, court costs, attorney fees, incurred by Hartford in connection with or by reason of furnishing any bond hereunder. The undersigned Indemnitor(s) hereby agree to deposit upon demand with Hartford an amount sufficient to discharge any claim or any such bond, which deposit may be held by Hartford as collateral security against any loss or cost on this bond.

Indemnitors agree that any Obligee on any bond written pursuant to this Agreement is specifically authorized and requested to disclose any and all information, including providing copies of documents, whether deemed confidential or not, requested by the Surety in it's investigation of any claim. The indemnitors irrevocably appoint Hartford as their Attorney in Fact with the right but not the obligation to exercise its rights and execute or deliver any document in the name of the indemnitor deemed necessary to carry out the intent and purpose of this paragraph.

A facsimile signature of this document shall be deemed an original signature for any and all purposes.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF BENEFITS.

WITNESS the following signature(s) and seal(s) this day of , 20 . ←

If Indemnitor is a PARTNERSHIP, CORPORATION or LLC:

	Name of Firm/Corporation	
Witness: _____	By: _____	(Seal)
_____	Print Above Name Here	_____
_____	Title (Print)	_____
<i>Print Above Name Here</i>		

If Indemnitor is an INDIVIDUAL:

Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>
Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>
Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>

Reminder – Please make sure the application has been SIGNED, WITNESSED and DATED in the appropriate areas.

Personal Financial Statement

Date: _____

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

Date of Birth: _____

(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: _____

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	\$
Total Assets	\$	Total Liabilities	\$

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	\$
Total Income	\$	Total Expenditures	\$
		Net Profit or Loss	\$

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

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