

# 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?  No  Yes  
Has another Surety company declined to write this or any previous bond?  No  Yes  
Have you ever had a bond involuntarily terminated or cancelled?  No  Yes  
Has there ever been a claim or legal action against any bond executed on your behalf?  No  Yes  
Do **you** or any of **your** companies have any pending lawsuits, unsatisfied judgments or liens?  No  Yes  
Have **you** or any of **your** companies declared bankruptcy or become insolvent?  No  Yes  
Have **you** or any of **your** companies been the subject of any legal or administrative proceedings resulting in disciplinary action?  No  Yes  
Have **you** ever been convicted of a felony?  No  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?  No  Yes

Does the bond guarantee the performance of a *specific* contract or agreement?  No  Yes

If Yes, attach a copy of the contract or agreement.  copy attached

Does the bond cover any type of environmental or pollution exposure?  No  Yes

Does the bond guarantee the payment of taxes, fees, wages or payment of any type?  No  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:**

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

**If Indemnitor is an INDIVIDUAL:**

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

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

<b>Witness:</b> _____	<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		<b>Total Liabilities</b>	
Other Assets		<i>Net Worth (Assets less Liabilities)</i>	
<b>Total</b>			<b>Total</b>

<b>ANNUAL INCOME</b>		<b>ANNUAL EXPENDITURES</b>	
<b>Salary or Wages</b>		<b>Property Taxes and Assessments</b>	
<b>Dividends and Interest</b>		<b>Federal and State Income Taxes</b>	
<b>Rentals (Gross)</b>		<b>Real Estate loan Payments</b>	
<b>Other Income (Describe)</b> _____ _____ _____		<b>Payments on Contract &amp; other notes (Describe)</b> _____ _____ _____	
		<b>Insurance Premiums</b>	
		<b>Estimated Living Expenses</b>	
		<b>Other</b> _____ _____	
<b>Total Income</b>		<b>Total Expenditures</b>	

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: \_\_\_\_\_