



1031 Calle Recodo, Suite D
 San Clemente, CA 92673
 surety@southcoastsurety.com
 www.southcoastsurety.com
 (949) 361-1692 Fax (949) 361-9926
 DOI Lic# 0B57612

Date: _____

BOND INFORMATION	Type of Bond (Attach Bond Form):	Amount of Bond*:	Effective Date:
Obligee Name:	Obligee Address:	Expiration Date (if other than one year):	

***If bond penalty exceeds \$25,000, submit Business and/or Personal Financials. No tax returns, please.**

BUSINESS INFORMATION	Company Name (Must be exactly as it appears on bond):			Business Phone #:
Company Address:	City:	State:	Zip Code:	Business Net Worth: \$
Nature of Business:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Date Formed (Corp. or LLC):	# of Owners, Partners or Members:	How Long in Business?
Previous Bonding Company:	Reason for Changing Bonding Company (Not Applicable in MO) :			

PERSONAL INFORMATION	Applicant's Name:		Social Security #:	Date of Birth:
Spouse's Name:			Social Security #:	Date of Birth:
Residence Address:	City:	State:	Zip Code:	Estimated Personal Net Worth: \$
Real Estate Owned:	Value:		Owed:	
Are you the Trustee, Trustor Or Beneficiary of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever declined for Bonding previously? (Not Applicable in MO) <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL INFORMATION	Co-Applicant's Name:		Social Security #:	Date of Birth:
Spouse's Name:			Social Security #:	Date of Birth:
Residence Address:	City:	State:	Zip Code:	Estimated Personal Net Worth: \$
Real Estate Owned:	Value:		Owed:	
Are you the Trustee, Trustor Or Beneficiary of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever declined for Bonding previously? (Not Applicable in MO) <input type="checkbox"/> Yes <input type="checkbox"/> No

***All information furnished on this application will be utilized and relied upon in the issuance of any bonds on or after the date above.**

Indemnity Agreement

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 fines, imprisonment and denial of benefits.

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s), all hereinafter called the Undersigned, hereby certify that the foregoing declarations made and answers given, are the truthful, accurate and complete in all respects without reservation, and are made for the purpose of inducing Aegis Security Insurance Company , hereinafter called Surety, its successors and assigns, to become Surety on a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used). In consideration of the Surety executing said bond or undertaking, the Undersigned agree as follows:

(a) To pay the Surety all premiums due and annually in advance of each renewal thereafter, until the Undersigned shall serve upon the Surety, at its said office, competent written legal evidence, satisfactory to the Surety, of it being fully discharged from such bond or undertaking. (b) That the Undersigned hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application. (c) The Undersigned will at all times indemnify, and keep indemnified, the Surety, and hold and save it harmless from and against any and all loss, costs, damages, charges and expenses of whatsoever kind or nature, including expenses, collection fees and attorneys' fees, which it may, at any time, sustain or incur by reason or in consequence of furnishing any bond or undertaking or enforcing this Agreement. (d) The Undersigned will deposit with the Surety on demand an amount deemed sufficient by the Surety to discharge any claim made against the Surety on this bond or undertaking. This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss or cost on this bond or undertaking.

Confession of Judgment. Without limiting the generality of any other provision of this agreement, the undersigned principal and indemnitors hereby jointly, severally and irrevocably authorize and empower any attorney of record, or prothonotary or clerk of any court in any jurisdiction to appear for any or all of them at any time or times in any court with respect to any sums due under this agreement, with or without declaration filed as of any term, to waive the issuing and service process and to confess or enter judgment against any or all of them for all such sums payable under this agreement as evidenced by an affidavit signed by an authorized representative of surety setting forth such amount due, plus reasonable attorney's fees, cost of suit and interest, with release of all procedural errors and without right of appeal or stay of execution. If a copy of this agreement, verified by affidavit, shall be filed, it shall not be necessary to file the original as a warrant or attorney. The undersigned jointly and severally waive the right to any stay of execution and the benefit of any and all exemptions to which they may now or may hereafter be entitled under law. No single exercise of the foregoing warrant and power to bring an action or confess judgment shall be deemed to exhaust the power but the power shall continue undiminished and may be exercised from time to time as often as surety shall elect, whether before or after demand is made, until all sums payable to surety under this agreement have been paid in full.

The undersigned waive notice from the Surety of any claim or demand made against the Surety or the bond principal under any bond or undertaking executed pursuant to this Agreement.

Regardless of the date of signature(s), this indemnity agreement is effective as of the date of execution of aforementioned bond(s) or undertakings(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein.

Company Name (if Applicable):	
Corporate Officer/Member/Partner Signature:	Corporate Officer/Member/Partner Name & Title (Print):

Principal/Indemnitor's Signature:	Principal/Indemnitor's Name (Print):	Social Security Number:
Principal/Indemnitor's Spouse's Signature:	Principal/Indemnitor's Spouse's Name (Print):	Social Security Number:

Principal/Indemnitor's Signature:	Principal/Indemnitor's Name (Print):	Social Security Number:
Principal/Indemnitor's Spouse's Signature:	Principal/Indemnitor's Spouse's Name (Print):	Social Security Number:

SOUTH COAST SURETY

1031 Calle Recodo, Suite D
San Clemente, CA 92673
surety@southcoastsurety.com
www.southcoastsurety.com
(949) 361-1692 Fax (949) 361-9926
DOI Lic# 0B57612