



# SOUTH COAST SURETY

## Automobile Dealers

### Bad Credit Surety Bond Application

TYPE OR PRINT CLEARLY- ANSWER ALL APPLICABLE INFORMATION

APPLICANT NAME			
(MUST BE EXACTLY AS IT IS ON BOND) <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC/LTD			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP
TAX ID#	PHONE ( )	FAX ( )	
Years experience in this field	Year Business Established	Prior Bond Company	
Owner's Name:	Title:	Spouse's name	
Soc. Sec. No.	D.O.B. / /	Spouses Soc. Sec. No.	
Residence Street Address			
City	State	ZIP	Home phone ( )
Market Value of Real Estate Owned	Mortgage owed	Amount of securities owned	

Has applicant ever, (a) had an application for a bond declined; (b) compromised with creditors; (c) defaulted on a contract; (d) defaulted on a contract forcing a Surety to surfer a loss; (e) experienced a bankruptcy; (I) been in receivership or been liened by a taxing authority? \_\_\_Yes \_\_\_No (If yes to any of the above, circle item and attach a full explanation.)

NAME AS IT IS TO APPEAR ON BOND		
Applicable License #, MC #, Contractor #, Dealer #, ...		
Type of bond: Motor Vehicle Dealer Lic. Bond	Amount: \$	Effective Date:
Bond to be filed with (Obligee)		
Address:		
PLEASE ENCLOSE ANY ADDITION PERTINENT INFORMATION (IE. BOND FORMS, APPLICABLE STATUTES AND PERMITS, COURT JUDGMENTS, ETC.)		

#### ADDITIONAL OWNERS OR PARTNERS AS REQUIRED

NAME:	SPOUSE'S NAME:
Soc. Sec. No.	Spouse's Soc. Sec. No.
Home Address:	Phone: ( )

#### PRIMARY BUSINESS AND/OR PERSONAL BANK INFORMATION

NAME & BRANCH OF BANK:			
BANK CONTACT PERSON:		PHONE NUMBER:	
Account No:	Account Balance \$	Account No:	Account Balance \$
Line of Credit <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Limit \$	Amount Owed \$	

ALL PREMIUMS ARE EARNED IN FULL

**FOR MORE INFORMATION CALL**

**800-361-1720**

**209 Ave. Fabricante, Ste. #120, San Clemente, CA 92672**  
**surety@ southcoastsurety.com http://www.southcoastsurety.com**  
**(949) 361-1692 Fax (949) 361-9926**

DOI Lic# 0B57612

AGREEMENT OF INDEMNITY

The undersigned and each of them hereby certify that the statements contained herein are true and are made to induce SURETY (herein called Surety) to execute or continue the suretyship described herein and authorize SURETY to confirm bank balances and all other items which appear in said statement In consideration of the execution by SURETY of the suretyship herein applied for. I (we) agree:

- 1. To pay to SURETY upon demand:
(a) All loss and. expense, including attorneys' fees, for which SURETY shall become liable by reason of such suretyship, whether or not SURETY shall have paid such loss and expense at the time of demand
(b) The annual premium for such suretyship until satisfactory evidence of termination of liability shall be furnished to SURETY
(c) All attorneys' fees and costs incurred by SURETY in enforcing this agreement
(d) An amount sufficient to discharge any claim against SURETY by reason of such suretyship. This sum maybe used to pay such claim or be held by SURETY as collateral security against loss.
2. SURETY shall have the exclusive right to determine otherwise, be paid, compromised, I, sworn to by an officer of SURETY, shall be prima facie
4. SURETY may procure its release from said suretyship under any law for release of sureties without liability to me for any damage I sustain therefrom
5. That this agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.
6. That if this suretyship is given in connection with lost instruments or securities, and such lost instruments come into my possession at any time, I will, at my own cost and expense deliver or cause such said securities to be delivered to SURETY.
7. A representative of SURETY may at time examine any assets held in trust under this suretyship, and SURETY may, at its option, exercise joint control or joint custody with me over such assets.
8. That if said suretyship is cancellable this agreement may be terminated, upon written application to SURETY, only by written notice from SURETY stating when such termination will take effect
9. A photocopy or facsimile of the signatures will be as binding as original signatures.
10. All premiums are fully earned upon issuance of first year & renewals, unless prohibited by law, "or is contrary to Surety's filed rates."
11. At the Companys option, monies due or to become due the undersigned from any company, to include, American Contractors Indemnity Company, Accredited Surety and Casualty Company, Inc., Capitol Indemnity Corporation, Old Republic International General Insurance Group, Platte River Insurance Company or any other Surety Company, through insurance proceeds or bonding payments may be utilized to pay or help pay obligations incurred under this agreement as an offset.
12. "Fair Credit Reporting Act Notice" This notice is given to comply with the Federal fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable. As part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signed and dated this \_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_
SIGNATURE OF APPLICANT FOR BOND

If sole proprietorship, owner should sign; if partnership, all partners must sign; if corporation, president must sign, with signature attested by corporate secretary under corporate seal; all individual applicants should sign

\_\_\_\_\_
FIRM NAME

X \_\_\_\_\_
Attest Corp. Sig.

\_\_\_\_\_
SIGNATURE

X \_\_\_\_\_
PRINT NAME& TITLE

In consideration of the execution by SURETY of the bond herein applied for, the undersigned, jointly and severally, join in the foregoing indemnity agreement

\_\_\_\_\_  
SIGNATURE OF PERSONAL INDEMNITORS

\_\_\_\_\_  
PRINT NAME OR NAMES

\_\_\_\_\_  
PRINT NAME OR NAMES

X \_\_\_\_\_  
INDEMNITORS SIGNATURE

X \_\_\_\_\_  
INDEMNITORS SIGNATURE

X \_\_\_\_\_  
SPOUSES SIGNATURE

X \_\_\_\_\_  
SPOUSES SIGNATURE

PLEASE SIGN IN BOTH PLACES: ONCE FOR THE FIRM & ONCE AS INDIVIDUAL INDEMNITOR
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR BONDS CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.