



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

1031 Calle Recodo, Suite D, San Clemente, CA 92673
surety@southcoastsurety.com http://www.southcoastsurety.com
(949) 361-1692 Fax (949) 361-9926

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.



SOUTH COAST SURETY

The Bond Only Agency

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www.southcoastsurety.com
(949) 361-1692 Fax (949) 361-9926
DOI Lic# 0B57612

PERSONAL FINANCIAL STATEMENT

IMPORTANT: Read these directions before completing this Statement.

If you are applying for individual credit in your own name and are relying on your income or assets and not the income or assets of another person as the basis for repayment of the credit requested. Complete only Sections 1 and 3.

If you are applying for Joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.

If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections, providing information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying.

If this statement relates to your guaranty of the indebtedness of other person(s), firm(s) or corporation(s), complete Sections 1 and 3.

TO: SOUTH COAST SURETY INSURANCE SERVICES, INC.

SECTION 1 - INDIVIDUAL INFORMATION (Type or Print)		SECTION 2 - OTHER PARTY INFORMATION (Type or Print)	
Name		Name	
Residence Address		Residence Address	
City, State & Zip		City, State & Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF _____, 19____			
ASSETS (Do not include Assets of doubtful value)	In Dollars (Omit Cents)	LIABILITIES	In Dollars (Omit Cents)
Cash on hand and in banks		Notes payable to banks - secured	
U.S. Gov't. & Marketable Securities - See Schedule A		Notes payable to banks - unsecured	
Non-Marketable Securities - See Schedule B		Due to brokers	
Securities held by broker in margin accounts		Amounts payable to others - secured	
Restricted or control stocks		Amounts payable to others - secured	
Partial interest in Real Estate Equities - see Schedule C		Accounts and bills due	
Real Estate Owned - see Schedule D		Unpaid income tax	
Loans Receivable		Other unpaid taxes and interest	
Automobiles and other personal property		Real estate mortgages payable - see Schedule D	
Cash value life insurance - see Schedule E		Other debts - Itemize	
Net value of business - if not included above			
Other assets - Itemize			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIAB. AND NET WORTH	

SOURCES OF INCOME FOR YEAR ENDED _____,	PERSONAL INFORMATION
SALARY, BONUSSES & COMMISSIONS \$	Do you have a will? _____ if so, name of executor.
Dividends	
Real estate income	Are you a partner or officer in any other venture? If so, describe.
Other income (Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe.
	Are any assets pledged other than as described on schedules? If so, describe.
TOTAL \$	Income tax settled through (date)
CONTINGENT LIABILITIES	Are you a defendant in any suits or actions?
Do you have any contingent liabilities? If so, describe	Personal bank accounts carried at:
As indorser, co-maker or guarantor? \$	
On leases or contracts? \$	Have you ever been declared bankrupt? If so, describe.
Other special debt? \$	
Amount of contested income tax liens? \$	

SCHEDULE A - U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares Or Face Value (Book)	Description	In Name Of	Are These Pledged?	Market Value

SCHEDULE B - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

SCHEDULE C - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type Of Property	Title In Name Of	% Of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D - REAL ESTATE OWNED

Address & Type Of Property	Title In Name Of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name of Insurance Company	Owner Of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F - BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address Of Lender	Credit In The Name Of	Secured Or Unsecured	Original Date	High Credit	Current Balance

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or Corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your or your assigns favor. Each undersigned understands that you or your assigns are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You and your assigns are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (Individual) _____

S.S. No. _____ Date of Birth _____

Signature (Other Party) _____

S.S. No. _____ Date of Birth _____

Date Signed _____ 19____



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Motor Vehicle Dealer Bond Applicant:

Please be advised that the Department of Motor Vehicles is very specific as to the exact wording and punctuation in the name on your Motor Vehicle Dealer Bond. They will reject a bond for missing personal, corporate or dba names. They will reject a bond for missing periods, commas, hyphens, etc. They may also impose penalty fees for delays in processing your paperwork due to a rejected bond.

Therefore, we require all bond applicants to verify with the DMV the exact wording and punctuation required in the name on the bond before we process your application.

If we execute a bond for you and a rider is subsequently required to correct the name on the bond, we will require prepayment of a \$35.00 rider processing fee prior to executing and releasing the rider. Any rider required due to an error in our processing of the bond will not incur a fee.

I understand and agree to the above terms required for the processing of my application.

Applicant name: _____



Wording exactly as it is to appear on the bond Verified with DMV

By: _____

Applicant signature

Date: _____