



**OREGON CONTRACTORS LICENSE BOND APPLICATION**

BUSINESS INFORMATION			
(COMPANY NAME (EXACTLY AS IT APPEARS ON BOND))		BUSINESS PHONE	BUSINESS FAX
DESCRIBE TYPE OF BUSINESS		LICENSE #	HOW LONG UNDER CURRENT OWNERSHIP? YRS. _____ MOS. _____
NUMBER OF YEARS EXPERIENCE		ON APPROVED CREDIT - SELECT BOND AMOUNT, TERM, AND PREMIUM	
		BOND AMOUNT	1 YEAR 2 YEARS 3 YEARS
		\$15,000 <input type="checkbox"/> \$180	<input type="checkbox"/> \$275 <input type="checkbox"/> \$360
		\$10,000 <input type="checkbox"/> \$130	<input type="checkbox"/> \$170 <input type="checkbox"/> \$240
		\$5,000 <input type="checkbox"/> \$65	<input type="checkbox"/> \$90 <input type="checkbox"/> \$140
COMPANY ADDRESS		CITY	STATE ZIP CO TAX ID#
PREVIOUSLY OR CURRENTLY BOND WITH:	HOW LONG	BOND NO.	REASON FOR CHANGE
COMPANY IS A: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> CORPORATION; DATE INCORPORATED: / /			IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS

PERSONAL INFORMATION FOR APPLICANT, STOCKHOLDERS AND INDEMNITORS			
INDIVIDUAL'S NAME	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	DATE OF BIRTH	SOCIAL SECURITY NO. DRIVER'S LIC. NO./STATE
HOME ADDRESS	CITY STATE ZIP	HOME PHONE	<input type="checkbox"/> OWN <input type="checkbox"/> HOUSE HOW LONG? <input type="checkbox"/> RENT <input type="checkbox"/> APT. _____ YEARS _____ MOS. MONTHLY PAYMENT \$ _____

**INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN**

IN CONSIDERATION of the execution of such bond, and in compliance with a promise of the undersigned made prior thereto, the undersigned individually hereby agree, for themselves, their personal representatives, successors and assigns, jointly and severally, as follows:

- To reimburse American Contractors Indemnity Company ("Surety") upon demand for all payments made for and to indemnify Surety from:
  - all loss, contingent loss, liability and contingent liability, claim, expense, including attorneys' fees, for which Surety shall become liable or shall become contingently liable by reason of such suretyship, whether or not Surety shall have paid same at the time of demand; and
  - to pay Surety an advance premium for the first year or a fractional part thereof that is fully earned and to pay annually thereafter such annual premium for suretyship as is billed until satisfactory evidence of discharge or release of liability shall be furnished to Surety by the obligee.
  - Upon written demand, to deposit with the Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety in its absolute discretion determines necessary and the deposit shall be pledged as collateral security on any bond or other bonds the Surety may have issued for the undersigned.
- Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles County, California and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles County, California.
- Surety is authorized to investigate, at any time, the undersigned's credit, employment history, and department of motor vehicle records.

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

Signed, sworn to and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Principal:

\_\_\_\_\_  
Company Name (Exactly As It Appears On Bond) X \_\_\_\_\_  
(As Officer and/or Individually)

Indemnitors:

X \_\_\_\_\_ X \_\_\_\_\_  
(Indemnitor's Signature) (Print Name) (Indemnitor's Signature) (Print Name)

X \_\_\_\_\_ X \_\_\_\_\_  
(Indemnitor's Signature) (Print Name) (Indemnitor's Signature) (Print Name)