CONTRACTORS LICENSE BOND APPLICATION

N

These rates do not apply to Roofers, Swimming Pool Contractors or Disciplinary Bonds*

Complete the following:] [
NAME (must be exactly as it appears on your pocket lice	nse or license application)			Individual	Corporation
				Partnership	RME/RMO
STREET ADDRESS	DDRESS, if different		PHONE		
			FAX		
CITY	ZIP		REQUESTED EF	FECTIVE DATE	
LICENSE NUMBER LICENSE CLASS				License Board advis	
NAME OF FIRM ON LIGHT	· · · · · · · · · · · · · · · · · · ·	ng Individual) complete the following:	-	07.475	710
NAME OF FIRM ON LICENSE	ADDRESS	CITY		STATE	ZIP
INDI	MNITY ACREEMEN	NT - READ CAREFULLY AND	SIGN		
IN CONSIDERATION of the execution of such agree, for themselves, their personal representative 1. To reimburse American Contractors Indemnia	bond, and in compliance wees, successors and assigns, jointy Company ("Surety") upon	ith a promise of the undersigned made pintly and severally, as follows:	prior thereto, the	ety from:	
	· -	ot Surety shall have paid same at the tin tional part thereof that is fully earned a			annual premium
c) Upon written demand, to deposit	t with the Surety a sum of n	rge or release of liability shall be furnish noney requested by Surety to cover any be pledged as collateral security on any	claim, suit, expen	nse or judgment	
Surety and undersigned agree that the place venue for any suit, arbitration, mediation or				s Angeles Count	y, California and
3. Surety is authorized to investigate, at any	•	•		ele records.	
satisfactorily discharged from liability pursuant to If Individual - Sign Below Signature		Date			
Printed Name		_			
Soc. Sec. # Driver's Lic	c. #				
If Partnership - Sign Below		If Corporation - Sign Below			
· ·		Signature - President & Individua	ally		
Signature - Partner & Individually			•		
5.1.13		Printed Name			
Printed Name		Soc. Sec. #	Driver's Lic	c.#	
Soc. Sec. # Driver's Lie	c. #	-			
Signature - Partner & Individually		v			
Signature - Partner & individually		Witness			
Printed Name		-			
Soc. Sec. # Driver's Lic	e. #	Printed Name			
*Complete "Multi-App" if bond is for Sv	wimming Pool Contrac	tor, Roofing Contractor or Cont	ractor applying	for Disciplin	ary Bond.
	AGENT I	NFORMATION			
Name		Phone ()			
Address					
City, State, Zip		,			
, >,					