

# CONTRACTOR'S EXAM CENTER

5727 N 7th ST SUITE 100 PHOENIX, AZ. 85014

(602) 252-8311 • (800) 397-8312 • Fax (602) 252-8456

## Bond Application

Please check one: Corporation  LLC  Partnership  Individual

Name: \_\_\_\_\_  
(Complete name as it appears on your license or as it is to appear on the bond)

Business Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Business Phone: ( ) - License or Permit #: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Obligee Name: \_\_\_\_\_ Obligee Phone: ( ) - \_\_\_\_\_  
(Governmental Agency Requiring Bond)

Obligee Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Type of Bond: \_\_\_\_\_ Requested Bond Term: \_\_\_\_\_

Amount of Bond: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

Has applicant or any owner ever had a claim against a bond or filed bankruptcy?  Yes  No

If Yes, explain:

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.*

### Indemnification Agreement –Read Carefully and Sign

The undersigned, and each of them, hereby declare that the above statements are true and correct. The undersigned, jointly and severally, and as individuals and authorized agents of the business identified above, agree to indemnify, defend and hold harmless Surety/Agent from and against any monetary loss due to, 1) a claim or demand against the bond, 2) legal and/or collection expenses incurred by Surety/Agent relating to any bond issued pursuant to this agreement, and 3) the undersigned's failure to indemnify Surety/Agent according to the terms hereof. At any time, Surety/Agent may demand from the undersigned a monetary sum not to exceed 125% of the principal amount of the bond to secure any actual or contingent liability or claim pertaining to the bond. The undersigned shall immediately provide Surety/Agent said sum and the Surety/Agent, at its sole discretion and without the consent of the undersigned, may use said sum to pay or otherwise settle the liability or claim. No interest or other compensation shall be paid to the undersigned as a result of the foregoing. Should legal action be commenced by the Surety/Agent relating to this Indemnity Agreement,

The undersigned agree and acknowledge that no legal action related to this Indemnity Agreement may be filed or maintained in any other location. In the event that Surety/Agent is awarded a judgment against the undersigned, it is agreed that the judgment shall include, in addition to all other damages awarded, a sum equal to twenty-five (25) percent of the principal amount of the bond issued pursuant to the above application and this agreement as liquidated damages for reimbursement of associated expenses to obtain said judgment. The undersigned authorizes Surety/Agent to obtain all credit information pertaining to the undersigned for any business purpose relating to this application and Agreement. The undersigned agree that the first year's premium shall be fully earned by and paid to Surety/Agent upon issuance of requested bond.

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

Print Name \_\_\_\_\_ % of ownership in business \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

X \_\_\_\_\_ SS# \_\_\_\_\_

Residence Address: \_\_\_\_\_  own or  rent

#### ADDITIONAL OWNER

Print Name \_\_\_\_\_ % of ownership in business \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

X \_\_\_\_\_ SS# \_\_\_\_\_

Residence Address: \_\_\_\_\_  own or  rent

FOR CORPORATIONS, President & Secretary need to sign below (Owners must still sign above)

President's Signature X \_\_\_\_\_ Attested by X \_\_\_\_\_ (Secretary)

Do Not Write In This Section

Surety: \_\_\_\_\_ Bond # \_\_\_\_\_ Prod. \_\_\_\_\_