



Surety Solutions Insurance Services, Inc
 3225 Monier Circle, Suite 100
 Rancho Cordova, CA 95742

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 (877)654-2327
 Fax (916)737-5737
 www.surety1.com

Type of Bond:		Bond Amount:		Effective Date (if known) :	
State Agency Requiring the Bond:			Govt. Phone Number:		
State Agency Address:					
Type Name exactly as it is to appear on the bond*					
Applicant (principal) :				Contact Phone:	
Applicant is (select one)	Individual	Partnership	C-Corp	S-Corp	LLC
Business Address:				Tax ID:	
What was your most recent occupation?:				Number of years in Business:	
Individual's Name:				SS#:	
Residence address:					
Spouse Name:		Are you a U.S. Citizen?		Yes	No
How is your credit?	Excellent	Good	Challenged	I am not sure	
How would you like to be contacted?		Email (provide address) :			Phone

Underwriting Questions

Does the applicant have any other Surety Bonds in force with any other Surety Company?	Yes	No
Has another surety declined to write this bond?	Yes	No
Have you ever had a bond involuntarily cancelled?	Yes	No
Has there ever been a claim or legal action against <u>any bond executed on</u> your behalf?	Yes	No
Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens?	Yes	No
Have you or any of your companies declared bankruptcy or become insolvent?	Yes	No
Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action?	Yes	No
If you answered YES to any of the above questions, please attach a detailed explanation		
Has the Applicant continuously been in business under the <u>current</u> ownership for at least three years?	Yes	No
Does the bond guarantee the performance of a specific contract or agreement?	Yes	No
If Yes, attach the contract or agreement		
Does the bond cover any type of environmental or pollution exposure?	Yes	No
Does the bond guarantee the payment of taxes, fees, wages, or payment of any type?	Yes	No

Important Information—PLEASE READ

1. All bonds must be paid in full before the release of the bond unless other arrangements have been made.
 2. Surety Solutions **strongly** recommends overnight delivery. We can add Fedex for \$20 or use your number. For mail service please allow seven working days for delivery. Would you like to use Fedex? Yes No
 3. **You must sign as an individual even if you are a corporation or LLC. Each Partner must sign the indemnity as well.**
 4. All bonds / bond approval is subject to final underwriting approval
- * Bonds that need to be replaced or riders issued due to incorrect information provided by applicant is subject to a \$25.00 bond re-issue fee.

GENERAL INDEMNITY AGREEMENT

I request that ULLICO Casualty Company, hereinafter known as ULLICO, execute a bond and consider executing future bonds for the above named company and/or individual (Principal). I authorize ULLICO or its agents to investigate my credit and Principal's credit, now and at any time in the future, with any creditor, supplier, customer, financial institution, or other person or entity. I make the following promises so that ULLICO will execute a Bond and consider executing future bonds:

- 1.** I agree that the following definitions apply: **(a)** Bond means (i.) any surety bond, undertaking, or other express or implied obligation of guaranty or suretyship, signed or committed to by ULLICO at the request of Principal, or any of the indemnitors (regardless of what business entity is named on the Bond), on, before, or after the date of the agreement pursuant to which ULLICO is or may be made liable for Loss, whether or not Principal is also Liable, and (ii.) all riders, endorsements, continuations, renewals, substitutions, modifications, extensions, replacements and reinstatements thereto; and changes in the penal sum thereto; and **(b)** Loss means any payment or expense either incurred or anticipated by ULLICO in connection with any Bond or this agreement, including: payment of bond proceeds or any other expense in connection with claims, potential claims, or demands; claim fees, penalties; interest; court costs; collection agency fees; costs related to taking, protecting, administering, realizing upon, or releasing collateral; and attorney's fees (including but not limited to those incurred in defense of bond claims or pursuing any rights of indemnification or subrogation and in obtaining and enforcing any judgment arising from those rights).
- 2.** I, individually, and jointly and severally with Principal and all other indemnitors, agree to hold ULLICO harmless from all Loss and to pay back or reimburse ULLICO for all Loss.
- 3.** I agree to pay ULLICO each annual premium due according to the rates in effect when each payment is due. I agree that premium for a Bond is fully earned upon execution of a Bond and is not refundable.
- 4.** I agree that a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement.
- 5.** I agree that ULLICO may obtain a release from its obligations as surety on a Bond whenever any such release is authorized by law.
- 6.** I agree that ULLICO have the exclusive right to decide whether to pay, compromise, or appeal any claim against a Bond.
- 7.** I agree that I cannot terminate my liability to ULLICO created by this agreement except by sending written notice of intent to terminate to ULLICO. Written notice to terminate shall be sent to ULLICO at its home office, 1625 Eye Street, NW, Washington, DC 20006, I agree that the termination will be effective thirty days after actual receipt of such notice by ULLICO, but only for Bonds signed or committed to by ULLICO after the effective date. Thus, I agree that I will remain liable to ULLICO for Loss on Bonds signed or committed to by ULLICO prior to the effective date of termination.
- 8.** I agree that ULLICO can bring any legal action arising out of or in any way related to any Bond or this agreement in the District of Columbia and shall apply where ULLICO makes such election.
- 9.** I agree that with my signature below, I am representing myself as both Principal Indemnitor as used above. **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 IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

Signed and dated this ____ day of ____ 20____

Print Applicant Name (exactly as it is to appear on Bond): _____

Social Security Number Driver's License Number By: _____
Signature & Title of Authorized Rep.

Social Security Number Indemintor Driver's License Number By: _____
Signature of Individual

By: _____
Print Name & Home Address

Social Security Number Indemintor Driver's License Number By: _____
Signature of Individual

By: _____
Print Name & Home Address

Social Security Number Indemintor Driver's License Number By: _____
Signature of Individual

By: _____
Print Name & Home Address