

FAX (916) 294-0044

LICENSE & PERMIT/MISCELLANEOUS SURETY
BOND APPLICATION

Agency Surety Solutions Insurance Services, Inc. Date _____

COMPLETE ALL QUESTIONS

Applicant _____

Address _____ City & State _____

Occupation or Business of Applicant _____

Applicant is an Individual a Partnership a Corporation

Name & Address of Oblige _____

Type of Bond _____ License No. _____

Amount of Bond _____ Effective Date _____

Prior Surety Company _____

No. of years in business _____ Business Tel. # _____

Has Applicant, Stockholder, or Indemnitor ever:

Been Cancelled by Surety? Yes No Had a Bond Claim? Yes No Declared Bankruptcy? Yes No

Prior/Pending Tax Liens? Yes No Prior/Pending Lawsuits? Yes No Convicted of a Felony? Yes No

(If you answered Yes to any of the above questions, attach an explanation)

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s) all hereinafter called the Indemnitor(s) hereby certify that the foregoing declarations made and answers given, are the truth without reservation, and are made for the purpose of inducing INTERNATIONAL FIDELITY INSURANCE COMPANY, hereinafter called Surety, to become Surety on a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used), and in consideration of the Surety executing said bond or undertaking do undertake and agree as follows:

To pay the Surety all premiums due and annually in advance of each renewal thereafter, until the Indemnitor(s) shall serve upon the Surety, at its said office, competent written legal evidence, satisfactory to the Surety, of it being fully discharged from such bond or undertaking. That the Indemnitor(s) hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application. The Indemnitor(s) will at all times indemnify, and keep indemnified, the Surety, and hold and save it harmless from and against any and all damages, loss, costs, charges and expenses of whatsoever kind or nature, including counsel and attorney's fees, whether incurred under retainer or salary or otherwise, which it shall or may, at any time, sustain or incur by reason or in conjunction with furnishing any bond or undertaking. To deposit with the Surety on demand an amount sufficient to discharge any claim made against the Surety on this bond or undertaking. This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss or cost on this bond or undertaking.

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

Signed this _____ day of _____ 20 ____.

Applicant and Indemnitors sign below:

IMPORTANT: S.S. # AND D.L. # MUST BE INCLUDED

Applicant _____

Soc. Sec. # _____ Driver's Lic. # _____

By: _____ (Title)

Soc. Sec. # _____ Driver's Lic. # _____

By: _____ Individual Indemnitor

Home Address _____

Soc. Sec. # _____ Driver's Lic. # _____

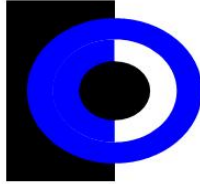
By: _____ Individual Indemnitor

Home Address _____

Soc. Sec. # _____ Driver's Lic. # _____

By: _____ Individual Indemnitor

Home Address _____



Surety Solutions
Insurance Services
 49 Natoma Street, Suite H
 Folsom, CA 95630

(916)294-0044 * (877)654-2327

FAX: (916)404-6748
info@surety1.com

CONSENT TO PULL CONSUMER CREDIT REPORTS

The undersigned hereby expressly authorize Surety Solutions Insurance Services, Inc. and / or companies Surety Solutions Insurance Services, Inc. uses to obtain bonds, (collectively Surety Solutions) to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes:

1. To verify information supplied to Surety Solutions
2. For underwriting purposes; and
3. In the event Surety Solutions issues any surety bonds for or on behalf of, upon receipt of a notice of claim or potential claim, for debt collection.

Understood and Agreed to:

Name of applicant (print): _____

Signature of applicant: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of co-applicant or spouse (print): _____

Signature of applicant: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of co-applicant or spouse (print): _____

Signature of applicant: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____