



**Surety
Solutions**

**Insurance
Services**

**49 Natoma Street, Suite H
Folsom, CA 95630
FAX: (916)404-6748**

**(916)294-0044-Phone
(877)654-2327 Toll Free
(916) 404-6748-Fax
info@surety1.com**

license # 0D95343

LICENSE / PERMIT / MISCELLANEOUS

Bond No. _____

FAST FACTS APPLICATION

1 AGENT/BROKER INFORMATION	Agency/Broker Name: Surety Solutions Insurance Services		Phone #: (916) 984 1231		Fax #: (916)404-6748	
2 BOND INFORMATION	Type of Bond (Attach Bond Form): CA Vehicle Registration Service		Amount of Bond: \$25,000		Effective Date:	
Obligee Name (Who requires the bond?):		Obligee Address:			Expiration Date: (if other than one year)	
3 BUSINESS INFORMATION	Company Name (Must be exactly as it needs to appear on bond):					Business Phone #:
Company Address:		City:	State:	Zip Code:	Annual Business Income: \$	Annual Other Income: \$
Nature of Business:		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Date Formed (Corp. or LLC):		# of Owners, Partners or Members:	How Long in Business?
Previous Bonding Company:		How is your Credit? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Challenged <input type="checkbox"/> I am not sure <i>Please note that Surety Solutions and / or the Surety will verify credit from a credit reporting agency</i>				
4 PERSONAL INFORMATION	Individual's Name:		Social Security #:		Date of Birth:	
Spouse's Name:		Social Security #:		Date of Birth:		
Residence Address:		City:		State:	Zip Code:	Residence Phone:
Are You the Trustee, Trustor Or Beneficiary of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ever Declared Bankruptcy? year: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ever Failed in Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>IMPORTANT! Signature Instructions - The individual who completes this form must also sign the indemnity agreement below. If married, spouse must also sign; however, no missing signature shall invalidate this agreement. Sole Proprietorship - Owner must sign below. If married, spouse must also sign. Partnership - Partners are signing as authorized agents of the partnership and as individually liable indemnitors. If married, spouse must also sign. Corporation or LLC - If corporate officer or LLC member or manager signs indicating his or her LLC capacity, it is nonetheless specifically understood that such individual is signing in his or her corporate or LLC capacity and as an individually liable Indemnitor. If married, spouse must also sign. Complete a separate application for each owner, partner, stockholder or LLC member. BGE 005 Statements of Fraud will be attached hereto as an integral part of this application as defined by state statute.</p>						

INDEMNIFICATION AGREEMENT

- I request that Platte River Insurance Company (PRIC) execute a bond and consider executing future bonds for the above named company and/or individual (Principal). I authorize PRIC 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 PRIC will execute a Bond and consider executing future bonds:
- 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 PRIC 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 PRIC 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 PRIC 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).
 - I, individually, and jointly and severally with Principal and all other indemnitors, agree to hold PRIC harmless from all Loss and to pay back or reimburse PRIC for all Loss.
 - I agree to pay PRIC 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.
 - 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.
 - I agree that PRIC may obtain a release from its obligations as surety on a Bond whenever any such release is authorized by law.
 - I agree that PRIC has the exclusive right to decide whether to pay, compromise, or appeal any claim against a Bond.
 - I agree that I cannot terminate my liability to PRIC created by this agreement except by sending written notice of intent to terminate to PRIC. Written notice to terminate shall be sent to PRIC at its home office, PO Box 5900, Madison WI, 53705-0900. I agree that the termination will be effective thirty working days after actual receipt of such notice by PRIC, but only for Bonds signed or committed to by PRIC after the effective date. Thus, I agree that I will remain liable to PRIC for Loss on Bonds signed or committed to by PRIC prior to the effective date of termination.
 - I agree that PRIC can bring any legal action arising out of or in any way related to any Bond or this agreement in Dane County, Wisconsin and the Wisconsin law shall apply where PRIC makes such election..
 - I agree that with my signature below, I am representing myself as both Principal and Indemnitor as used above.

Date:	Company Name (if Applicable):		
Principal/Indemnitor's Signature:		Principal/Indemnitor's Name (Print):	
Principal/Indemnitor's Spouse's Signature:		Principal/Indemnitor's Spouse's Name (Print):	
e-mail address of contact person			

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: _____