APPLICATION – CONTRACTOR'S LICENSE BOND

APPLICANT INFORMATION Bond No.

Name (Exactly as shown on License)			☐ Sole Ownership ☐ Partnership ☐ Corporation
Business Address (Street, City, State & Zip Code)			Telephone Number
Bond Amount $	Obligee	Type of Work	License Number
Number of years you have owned this business	Number of years experience	Fair market value of primary residence $	Balance of Mortgage $

Has the business, or any other principal involved:

a. Had any lawsuits or judgements against them? ☐ Yes ☐ No

b. Ever failed in business or declared Bankruptcy? ☐ Yes ☐ No (If any answers are yes, provide details.)

c. Ever been convicted of a crime? ☐ Yes ☐ No

d. Ever had their license suspended, revoked or denied? ☐ Yes ☐ No

e. Ever been party to a surety bond claim? ☐ Yes ☐ No

GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER, INCLUDING YOURSELF

Name			Social Security Number	Percent Ownership
Address	City	State	Zip	Telephone
Name			Social Security Number	Percent Ownership
Address	City	State	Zip	Telephone
Name			Social Security Number	Percent Ownership
Address	City	State	Zip	Telephone

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 TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, One Tower Square, Hartford, Connecticut 06183 for itself and its affiliates, parents, and subsidiaries, hereinafter called Surety, to issued the bond(s) or undertaking(s) applied for and any renewal and increase of the same or of any bond(s) or undertaking(s) of similar nature given in substitution or renewal thereof (all comprehended in the word "bond(s)" or "undertaking(s)" as herein used). The Indemnitor(s) agree that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring liability whatsoever to the Indemnitor(s). In consideration of the Surety executing said bond(s) or undertaking(s) or the forebearance of cancellation of any bond(s), the Indemnitor(s) do undertake and agree as follows:

To pay the Surety all premiums when 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 duly discharged from such bond or undertaking. Indemnitor(s) hereby expressly authorize Company to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) to verify information supplied to Company;
(b) for underwriting purposes; and (c) upon establishment of a reserve, for debt collection. 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 connection 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 the bond(s) or undertaking(s). This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss or cost on the bond(s) or undertaking(s).

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.

A duplicate or facsimile copy or electronic reproduction of the original document shall have the same force and effect as the original.

Today's date _____

X_____ X_____
Witness or Attest Applicant sign here –
Tax I.D. # ( )

ALL OWNERS (STOCKHOLDERS) MUST SIGN BELOW

X_____ X_____
Witness or Attest Indemnitor –

X_____ X_____
Witness or Indemnitor –

X_____ X_____
Witness or Attest Indemnitor –

AGENCY

Agency Name	Agency Code	Address
Agency Recommendation		

S-6191 (1/02)