

SPEEDY APP

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|---|--------------|--|------|---|
| TYPE OF BOND | AMOUNT \$ | EFFECTIVE DATE | TERM | SOCIAL SECURITY NO. |
| NAME (MUST BE EXACTLY AS IT IS TO APPEAR ON BOND) | | BUSINESS PHONE | | BUSINESS FAX |
| BUSINESS STREET ADDRESS (MUST BE PROVIDED) | CITY | STATE | ZIP | <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC |
| MAILING ADDRESS | CITY | STATE | ZIP | TAX ID FOR CORPORATION OR PARTNERSHIP DATE STARTED |
| HOME ADDRESS | | NATURE OF APPLICANT'S BUSINESS | | HOME PHONE |
| <u>PROCESS SERVER BOND</u> Bond Amount - \$2,000. 2-Year Term - \$70.00 County of _____ | | <u>NOTARY BOND</u> Bond Amount - \$15,000. 4-Year Term - \$70.00 Attach Copy of Commission Slip | | <input checked="" type="checkbox"/> <u>MOTOR VEHICLE</u> (Defective Title, Foreign Vehicle) Rate 2% of bond amount required. \$100 min. Complete Below. If bond exceeds \$10,000., submit financial statement. BOND AMOUNT \$ _____ |
| <u>INSURANCE BROKER BOND</u> Bond Amount - \$10,000. 2-Year Term - \$120.00 Broker's License _____ | | <u>TAX PREPARER BOND</u> Bond Amount - \$5,000.00 <input type="checkbox"/> 1-Year Term - \$65.00 <input type="checkbox"/> 2-Year Term - \$75.00 <input type="checkbox"/> 3-Year Term - \$90.00 <input type="checkbox"/> 4-Year Term - \$100.00 | | VEHICLE MAKE _____ MODEL _____ YEAR _____ CYL _____ BODY TYPE _____ LICENSE _____ MOTOR NO. _____ SERIAL NO. _____ |

INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN

IN CONSIDERATION of the execution of such bond, and in compliance with a promise of the undersigned made prior thereto, the undersigned individually hereby agree, for themselves, their personal representatives, successors and assigns, jointly and severally, as follows:

1. To reimburse American Contractors Indemnity Company ("Surety") upon demand for all payments made for and to indemnify Surety from:
 - a) all loss, contingent loss, liability and contingent liability, claim, expense, including attorneys' fees, for which Surety shall become liable or shall become contingently liable by reason of such suretyship, whether or not Surety shall have paid same at the time of demand; and
 - b) to pay Surety an advance premium for the first year or a fractional part thereof and to pay annually thereafter such annual premium for suretyship as is billed until satisfactory evidence of discharge or release of liability shall be furnished to Surety by the obligee.
 - c) Upon written demand, to deposit with the Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety in its absolute discretion determines necessary and the deposit shall be pledged as collateral security on any bond or other bonds the Surety may have issued for the undersigned.
2. Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles, California and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles, California.
3. Surety is authorized to investigate, at any time, the undersigned's credit, employment history, and department of motor vehicle records.

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

Date _____

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|---|---|
| If Individual - Sign Below | |
| ✓ _____ Signature | ✓ _____ Signature - Spouse |
| _____ Printed Name | _____ Printed Name |
| Soc. Sec. # _____ Driver's Lic. # _____ | Soc. Sec. # _____ Driver's Lic. # _____ |

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|---|
| If Partnership - Sign Below |
| _____ Name of Partnership |
| ✓ _____ Signature - Partner & Individually |
| _____ Printed Name |
| Soc. Sec. # _____ Driver's Lic. # _____ |
| ✓ _____ Signature - Partner & Individually |
| _____ Printed Name |
| Soc. Sec. # _____ Driver's Lic. # _____ |

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|---|
| If Corporation - Sign Below |
| _____ Name of Company |
| ✓ _____ Signature - President & Individually |
| _____ Printed Name |
| Soc. Sec. # _____ Driver's Lic. # _____ |
| ✓ _____ Signature - Secretary |
| _____ Printed Name |

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|---|--|
| AGENT INFORMATION | |
| Name <u> Pipeline Insurance Agency c/o Sandra Ramos</u> Address <u> PO Box 880969</u> City, State, Zip <u> San Diego, CA 92168-0969</u> | Phone <u> (909) 742-0490</u> Fax <u> (866) 219-9967</u> HCCS Producer No. <u> 4295</u> |