



Bond Application

APPLICANT/BOND INFORMATION

APPLICANTS NAME: (AS IT IS TO APPEAR ON BOND)		BOND TO BE FILED WITH (OBLIGEE):	
DOING BUSINESS AS:		GIVE ADDRESS IF NOT STATED ON BOND:	
BOND AMOUNT:	EFFECTIVE DATE:	TYPE OF BOND:	
ANY APPLICANT, PARTNER OR STOCKHOLDER EVER HAD A BOND CLAIM? (IF YES, PLEASE EXPLAIN) <input type="checkbox"/> YES <input type="checkbox"/> NO			# OF YEARS LICENSED & BONDED:

BUSINESS INFORMATION

BUSINESS ADDRESS: (STREET, CITY, STATE, ZIP)		BUSINESS PHONE: ()	DATE STARTED:
NATURE OF BUSINESS:	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC	LICENSE OR PERMIT #:	

PERSONAL INFORMATION - FOR APPLICANT, PARTNERS, STOCKHOLDERS, CO-SIGNERS AND SPOUSES

NAME: (INDEMNITOR)	SOCIAL SECURITY NUMBER:	NAME: (INDEMNITOR)	SOCIAL SECURITY NUMBER:
NAME OF SPOUSE:	SOCIAL SECURITY NUMBER:	NAME OF SPOUSE:	SOCIAL SECURITY NUMBER:
RESIDENCE ADDRESS:	RESIDENCE ADDRESS:		
CITY, STATE, ZIP	CITY, STATE, ZIP		
DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO MARKET VALUE \$ _____	DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO MARKET VALUE \$ _____		
ADDRESS: _____	ADDRESS: _____		
% OF BUSINESS OWNERSHIP: _____ HOME PHONE # () _____	% OF BUSINESS OWNERSHIP: _____ HOME PHONE # () _____		
BANK NAME/BRANCH: _____ ACCOUNT #: _____	BANK NAME/BRANCH: _____ ACCOUNT #: _____		

INDEMNITY AGREEMENT

The undersigned hereby declare the above statements are true and correct and made as an inducement for the Surety/Agent, to execute the bond applied for herein and any renewals, continuations, extensions, substitutions or increases thereof. The undersigned, jointly and severally agree: **FIRST: To pay the Surety/Agent in advance the premium for the first year , which is fully earned** , and to pay in advance any renewal or additional premium until the bond is released from all liability; **SECOND:** to indemnify the Surety/Agent against all loss, liability, costs, damages, attorney and collection fees and any other expenses which might be incurred by reason of executing said bond, in prosecuting or defending an action thereon, in obtaining a release, and enforcing this Agreement; **THIRD:** the Surety is authorized to adjust, settle or compromise any claim, demand, suit or judgment upon said bond, and the indemnitors shall deposit sufficient funds with the Surety to satisfy same; **FOURTH:** that in the event of good faith payment, settlement, or compromise, an itemized statement thereof, vouchers or other evidence of payment shall be *prima facie* evidence of the fact of the liability of the undersigned; **FIFTH:** the Surety shall have the absolute right to cancel the bond pursuant to a cancellation clause in the bond or procure its release from said bond under any law governing same and the Surety is hereby released from any damage that might be sustained by reason of such cancellation or release; **SIXTH:** if the bond herein applied for is on behalf of two or more principals, it is agreed and understood the indemnity shall apply and be binding upon the undersigned, regardless of whether the undersigned or any one or more of them, is freed of liability in the cause in which the bond herein applied for is required; **SEVENTH:** if the Surety/Agent commence legal action relative to this agreement, the surety may at its option bring the action in King County, Washington or in an appropriate court having jurisdiction over the parties; **EIGHTH:** To allow the Surety/Agent to obtain credit information on the undersigned for any business purpose relative to this application/indemnity agreement; **NINTH:** if the bond applied for is on behalf of a corporation, the officer signing said agreement shall be individually and personally bound with the corporation to the terms of this agreement; **TENTH:** this agreement may be terminated by the indemnitors upon twenty (20) days written notice sent by registered mail to the Agent or Surety, but termination shall not relieve the indemnitors from any liability that accrued on the bond prior to the effective date of the termination or the release of all liability under the bond if the bond is non-cancelable; **ELEVENTH:** an electronic or facsimile copy of this signed application shall be treated as an original and be admissible as and to the same extent as the original document. **TWELFTH:** this agreement shall be and is in addition to, and not in lieu of, any and all other rights, powers, and remedies which the Surety may have or acquire against the Principals and Indemnitors or others whether by the terms of any other agreement or by operation of law otherwise. This Agreement shall apply to all bonds placed on behalf of the principal and indemnitors by Frontier Bonding Service, Inc. and may apply to one or more sureties.

INDIVIDUAL INDEMNITORS

SIGNED AND DATED THIS _____ DAY OF _____, _____.	
SIGNATURE X	SIGNATURE X
SIGNATURE X	SIGNATURE X

FIRST YEAR'S PREMIUM IS FULLY EARNED AT ISSUANCE

PRODUCER # OR NAME:	SURETY:	BOND#:
---------------------	---------	--------

PDO

Bond Application Additional Indemnitors

PERSONAL INFORMATION - FOR APPLICANT, PARTNERS, STOCKHOLDERS, CO-SIGNERS AND SPOUSES

NAME: (INDEMNITOR)	SOCIAL SECURITY NUMBER:	NAME: (INDEMNITOR)	SOCIAL SECURITY NUMBER:
NAME OF SPOUSE:	SOCIAL SECURITY NUMBER:	NAME OF SPOUSE:	SOCIAL SECURITY NUMBER:
RESIDENCE ADDRESS:		RESIDENCE ADDRESS:	
CITY, STATE, ZIP		CITY, STATE, ZIP	
DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO MARKET VALUE \$ _____		DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO MARKET VALUE \$ _____	
ADDRESS: _____		ADDRESS: _____	
% OF BUSINESS OWNERSHIP: _____ HOME PHONE # (_____) _____		% OF BUSINESS OWNERSHIP: _____ HOME PHONE # (_____) _____	
BANK NAME/BRANCH: _____ ACCOUNT #: _____		BANK NAME/BRANCH: _____ ACCOUNT #: _____	

PERSONAL INFORMATION - FOR APPLICANT, PARTNERS, STOCKHOLDERS, CO-SIGNERS AND SPOUSES

NAME: (INDEMNITOR)	SOCIAL SECURITY NUMBER:	NAME: (INDEMNITOR)	SOCIAL SECURITY NUMBER:
NAME OF SPOUSE:	SOCIAL SECURITY NUMBER:	NAME OF SPOUSE:	SOCIAL SECURITY NUMBER:
RESIDENCE ADDRESS:		RESIDENCE ADDRESS:	
CITY, STATE, ZIP		CITY, STATE, ZIP	
DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO MARKET VALUE \$ _____		DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO MARKET VALUE \$ _____	
ADDRESS: _____		ADDRESS: _____	
% OF BUSINESS OWNERSHIP: _____ HOME PHONE # (_____) _____		% OF BUSINESS OWNERSHIP: _____ HOME PHONE # (_____) _____	
BANK NAME/BRANCH: _____ ACCOUNT #: _____		BANK NAME/BRANCH: _____ ACCOUNT #: _____	

INDEMNITY AGREEMENT

The undersigned hereby declare the above statements are true and correct and made as an inducement for the Surety/Agent, to execute the bond applied for herein and any renewals, continuations, extensions, substitutions or increases thereof. The undersigned, jointly and severally agree: **FIRST: To pay the Surety/Agent in advance the premium for the first year , which is fully earned ,** and to pay in advance any renewal or additional premium until the bond is released from all liability; **SECOND:** to indemnify the Surety/Agent against all loss, liability, costs, damages, attorney and collection fees and any other expenses which might be incurred by reason of executing said bond, in prosecuting or defending an action thereon, in obtaining a release, and enforcing this Agreement; **THIRD:** the Surety is authorized to adjust, settle or compromise any claim, demand, suit or judgment upon said bond, and the indemnitors shall deposit sufficient funds with the Surety to satisfy same; **FOURTH:** that in the event of good faith payment, settlement, or compromise, an itemized statement thereof, vouchers or other evidence of payment shall be *prima facie* evidence of the fact of the liability of the undersigned; **FIFTH:** the Surety shall have the absolute right to cancel the bond pursuant to a cancellation clause in the bond or procure its release from said bond under any law governing same and the Surety is hereby released from any damage that might be sustained by reason of such cancellation or release; **SIXTH:** if the bond herein applied for is on behalf of two or more principals, it is agreed and understood the indemnity shall apply and be binding upon the undersigned, regardless of whether the undersigned or any one or more of them, is freed of liability in the cause in which the bond herein applied for is required; **SEVENTH:** if the Surety/Agent commence legal action relative to this agreement, the surety may at its option bring the action in King County, Washington or in an appropriate court having jurisdiction over the parties; **EIGHTH:** To allow the Surety/Agent to obtain credit information on the undersigned for any business purpose relative to this application/indemnity agreement; **NINTH:** if the bond applied for is on behalf of a corporation, the officer signing said agreement shall be individually and personally bound with the corporation to the terms of this agreement; **TENTH:** this agreement may be terminated by the indemnitors upon twenty (20) days written notice sent by registered mail to the agent or Surety, but termination shall not relieve the indemnitors from any liability that accrued on the bond prior to the effective date of the termination or the release of all liability under the bond if the bond is non-cancelable; **ELEVENTH:** an electronic or facsimile copy of this signed application shall be treated as an original and be admissible as and to the same extent as the original document. **TWELFTH:** this agreement shall be and is in addition to, and not in lieu of, any and all other rights, powers, and remedies which the Surety may have or acquire against the Principals and Indemnitors or others whether by the terms of any other agreement or by operation of law or otherwise. This Agreement shall apply to all bonds placed on behalf of the principal and indemnitors by Frontier Bonding Service, Inc. and may apply to one or more sureties.

INDIVIDUAL INDEMNITORS

SIGNED AND DATED THIS _____ DAY OF _____, _____.	
SIGNATURE X	SIGNATURE X
SIGNATURE X	SIGNATURE X

FIRST YEAR'S PREMIUM IS FULLY EARNED AT ISSUANCE

PRODUCER # OR NAME:	SURETY:	BOND#:
---------------------	---------	--------