



# License & Permit Bond Application

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Leawood, KS 66224 (913) 214-8344  
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## BUSINESS INFORMATION

APPLICANT/BUSINESS NAME: (AS IT IS TO APPEAR ON BOND)			BUSINESS PHONE:		DATE BUSINESS STARTED:
ADDRESS:			NATURE OF BUSINESS:		
CITY	STATE	ZIP	PROPRIETORSHIP CORPORATION	PARTNERSHIP LLC	LICENSE OR PERMIT #:
LIST ANY OTHER AFFILIATED OR SUBSIDIARY ENTITIES AND ANY OTHER dbas OF APPLICANT:					
DESCRIBE PRIOR RELATED BUSINESS EXPERIENCE:					

## BOND INFORMATION

TYPE OF BOND:		BOND TO BE FILED WITH (OBLIGEE):
BOND AMOUNT:	EFFECTIVE DATE:	GIVE ADDRESS IF NOT STATED ON BOND:
PREVIOUS BOND #:	PREVIOUSLY BONDED BY:	

## OWNERSHIP INFORMATION - ALL OWNERS MUST COMPLETE

OWNER'S NAME:		% OWNERSHIP	U.S. CITIZEN YES NO	
RESIDENCE ADDRESS: STREET	CITY	STATE	ZIP	
SOCIAL SECURITY #:	HOME PHONE #:	BANK NAME AND BRANCH:		
EMPLOYER (IF OTHER THAN THIS BUSINESS):	POSITION/TITLE:	BANK ACCOUNT #:		
SPOUSE'S NAME:	SPOUSE'S SOCIAL SECURITY #:	SPOUSE'S EMPLOYER:		
OWNER'S NAME (fill out if more than one owner):		% OWNERSHIP	U.S. CITIZEN YES NO	
RESIDENCE ADDRESS: STREET	CITY	STATE	ZIP	
SOCIAL SECURITY #:	HOME PHONE #:	BANK NAME AND BRANCH:		
EMPLOYER (IF OTHER THAN THIS BUSINESS):	POSITION/TITLE:	BANK ACCOUNT #:		
SPOUSE'S NAME:	SPOUSE'S SOCIAL SECURITY #:	SPOUSE'S EMPLOYER:		

### ANY APPLICANT, PARTNER OR STOCKHOLDER EVER: (ATTACH EXPLANATION FOR ALL YES ANSWERS)

CONVICTED OF A FELONY?	YES	NO	CANCELLED BY SURETY?	YES	NO	PRIOR/PENDING LAWSUITS?	YES	NO	HAD A BOND CLAIM? YES NO
DECLARED BANKRUPTCY?	YES	NO	FAILED IN BUSINESS?	YES	NO	PRIOR/PENDING TAX LIENS?	YES	NO	

**First Year's Premium is FULLY Earned at Issuance**

PRODUCER # OR NAME:	SURETY:	BOND#:
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**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 indemnitor 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.

**NOTICE: For Corporations, the President and Secretary must sign. For LLC's the managing member must sign. For Partnerships a partner must sign.**

DATED THIS _____ DAY OF _____	BUSINESS NAME _____
ATTESTED BY: (SECRETARY) _____	SIGNED BY: _____ Title _____

**STATEMENT OF PERSONAL INDEMNITY**

*(INDIVIDUAL OWNERS, PARTNERS, CO-SIGNERS, STOCKHOLDERS AND ALL THEIR SPOUSES MUST SIGN BELOW)*

IN CONSIDERATION OF THE EXECUTION BY SURETY OF THE SURETYSHIP HEREIN APPLIED FOR, EACH OF THE UNDERSIGNED, JOINTLY AND SEVERALLY, AGREES TO BE BOUND BY ALL OF THE TERMS OF THE FOREGOING INDEMNITY AGREEMENT EXECUTED BY THE APPLICANT, AS FULLY AS THOUGH EACH OF THE UNDERSIGNED WERE THE SOLE APPLICANT NAMED HEREIN, AND ADMIT TO BEING FINANCIALLY INTERESTED IN THE PERFORMANCE OF THE OBLIGATION WHICH THE SURETYSHIP APPLIED FOR IS GIVEN TO SECURE.

SIGNATURE OF APPLICANT: <b>X</b>	PRINT NAME: _____
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**FOR BONDS IN EXCESS OF \$15,000 ALL SIGNATURES MUST BE NOTARIZED - ATTACH ADDITIONAL NOTARY JURATS IF NECESSARY.**

NOTARY ACKNOWLEDGEMENT

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared \_\_\_\_\_, to me known and known to me to be the person(s) described in and who executed the foregoing instrument, and he/she/they thereupon duly acknowledged to me that he/she/they executed the same.

Notary Public: \_\_\_\_\_ State of: \_\_\_\_\_ County of: \_\_\_\_\_

NOTARY ACKNOWLEDGEMENT

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared \_\_\_\_\_, to me known and known to me to be the person(s) described in and who executed the foregoing instrument, and he/she/they thereupon duly acknowledged to me that he/she/they executed the same.

Notary Public: \_\_\_\_\_ State of: \_\_\_\_\_ County of: \_\_\_\_\_

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