

SIOUX MUNYON INSURANCE SERVICES  
10801 REDLANDER WAY  
LAKESIDE, CA 92040

**LICENSE, PERMIT AND MISCELLANEOUS BONDS APPLICATION**

**A BOND INFORMATION**

TYPE OF BOND	IF CONTRACTOR, LICENSE # IF NEW, ATTACH PASS LETTER	BOND AMOUNT	EFFECTIVE DATE	TERM OF BOND	PRIOR BOND? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF BOND TO BE FILED		STREET ADDRESS			
CITY		STATE		ZIP	

**B BUSINESS INFORMATION**

COMPANY NAME (EXACTLY AS IT APPEARS ON BOND)	BUSINESS PHONE	HOW LONG UNDER CURRENT OWNERSHIP? _____ YRS. _____ MOS.			
DESCRIBE TYPE OF BUSINESS		NUMBER OF YEARS EXPERIENCE			
COMPANY ADDRESS		CITY	STATE	ZIP	CO TAX ID#
PRIOR OR CURRENT BOND WITH WHAT SURETY?	HOW LONG	BOND NO.	REASON FOR CHANGE		
COMPANY IS A: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> CORPORATION; DATE INCORPORATED: / /		IF PARTNERSHIP, NUMBER OF PARTNERS			
BANK NAME (BUSINESS ACCOUNT)		STREET ADDRESS			
CITY		STATE	ZIP	PHONE	
CHECKING ACCOUNT NO.	BALANCE	SAVINGS ACCOUNT NO.	BALANCE		
CREDIT REFERENCES WITH WHOM YOU DO BUSINESS					
NAME	ADDRESS	CITY, STATE, ZIP			PHONE
NAME	ADDRESS	CITY, STATE, ZIP			PHONE

**C PERSONAL INFORMATION FOR APPLICANT, STOCKHOLDERS AND INDEMNITORS**

INDIVIDUAL'S NAME	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER'S LIC NO/STATE	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE	<input type="checkbox"/> OWN <input type="checkbox"/> HOUSE <input type="checkbox"/> RENT <input type="checkbox"/> APT. HOW LONG? _____ YEARS _____ MOS. MONTHLY PAYMENTS \$ _____
PREVIOUS ADDRESS		CITY	STATE	ZIP	
EMPLOYER	CITY	STATE	ZIP	WORK PHONE	LENGTH OF EMPLOYMENT _____ YEARS _____ MONTHS
SPOUSE'S NAME		DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER'S LIC NO/STATE	
SPOUSE'S EMPLOYER		CITY	STATE	ZIP	WORK PHONE
				LENGTH OF EMPLOYMENT _____ YEARS _____ MONTHS	
IF HOMEOWNER, DATE PURCHASED	PURCHASE PRICE	CURRENT MARKET PRICE		PRESENT LOAN BALANCE	LOAN NO. MONTHLY PAYMENT(S)
NAME OF BANK (PERSONAL ACCOUNT)		BANK ADDRESS		CHECKING ACCT. NO. _____ SAVINGS ACCT. NO. _____	BALANCE _____ BALANCE _____
NEAREST RELATIVE/NAME	ADDRESS	CITY	STATE	ZIP	RELATIONSHIP PHONE

**IMPORTANT: PAGE TWO CONTAINS LEGAL OBLIGATIONS READ CAREFULLY AND SIGN**

**INDEMNITY AGREEMENT - READ CAREFULLY. Your signature creates legal consequences to you**

In consideration of Bond Company referred to hereafter as "Surety," issuing the bond applied for, the undersigned hereby agree for themselves, their heirs, successors and assigns, jointly and severally:

1. To pay Surety an annual premium in advance each year during which liability under the bond shall continue in force and until satisfactory evidence of termination of the Surety's liability is furnished to the Surety.
2. To indemnify Surety against all losses, liabilities, costs, damages, attorneys' fees and expenses the Surety may incur or has incurred due to the execution and issuance of the bond on, before or after this date, including any modifications, renewals or extensions of the bond or the enforcement of the terms of this indemnity agreement.
3. The Surety or its representatives shall have the right to examine the credit history, employment history, books and records of the undersigned or the assets covered by the bond, or the assets pledged as collateral for the bond.
4. The undersigned waives notice of the execution of the bond, notice of any fact, knowledge or information affecting the undersigned's rights or liabilities under the bond that Surety may have or discover prior to or after execution of the bond.
5. The undersigned, upon written demand, shall deposit with 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 such bond or other bonds the Surety may have issued for the undersigned. The undersigned hereby irrevocably appoints Surety as their attorney-in-fact to execute any documents necessary to perfect Surety's security interests in any collateral submitted to Surety. Surety shall have the exclusive right to determine if any claim or suit shall be denied, paid, compromised, defended or appealed. An itemized statement of payments made by Surety shall be prima facie evidence of the obligation of undersigned due to Surety. The undersigned agree that it is their responsibility to defend their own interests.
6. Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in San Diego County, California and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in San Diego County, California.
7. The rights and obligations of the undersigned are in addition to and cumulative of all other rights, liabilities and obligations under the laws of the State of California. The undersigned confirms that Surety shall have every right, defense or remedy including the rights of exoneration and subrogation.
8. Unless specified by law or stated in the bond that the bond can not be cancelled, Surety may cancel bond by mailing a notice of cancellation in the United States Postal Service to the Obligee and Principal at the last address provided to Surety and cancellation shall become effective thirty (30) days after the date of deposit with the United States Postal Service.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**SIGNATURE OF APPLICANT FOR BOND**

\_\_\_\_\_  
(Print/Type Business Name, If Any)

X

\_\_\_\_\_  
(Print/Type Title)

X

\_\_\_\_\_  
(Print/Type Individual Name)

**SIGNATURE OF ADDITIONAL PERSONAL INDEMNITORS OTHER THAN APPLICANT  
(SPOUSE MUST SIGN AND EACH INDEMNITOR MUST FILL OUT ADDITIONAL PERSONAL INDEMNITY AGREEMENT)**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Spouse Signature)

\_\_\_\_\_  
(Name printed or typed)

\_\_\_\_\_  
(Name printed or typed)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Spouse Signature)

\_\_\_\_\_  
(Name printed or typed)

\_\_\_\_\_  
(Name printed or typed)

**AGENT INFORMATION**

Name Sioux Munyon

Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

City & Zip \_\_\_\_\_

Producer No. \_\_\_\_\_