

LOST INSTRUMENT BOND APPLICATION

1. GENERAL INFORMATION		Agency Name		Phone # ()		FAX # ()		
Applicant's Name (Principal)				Soc. Sec #		Date of Birth		
Principal's Address			City		State		Zip Code	
Spouse's Name				Soc. Sec #		Date of Birth		
Spouse's Employer			Employer Phone # ()		Length of Employment		Monthly Income \$	
Own Buying	Renting House	Apt. House	Monthly Payment \$	Residence Mortgage Holder	Purchase Date	Purchase Price \$	Curr. Mkt. Value \$	Loan Balance(s) \$
Branch of Personal Bank Account			Phone # ()		Checking Acct. # Savings Acct. #		Balance: \$	Balance: \$
Nearest Relative/Relationship		Address		City		State	Zip Code	Phone # ()
If Applicant is acting as Fiduciary, give names, ages, addresses, and percent of interest in the estate of all heirs:								
2. BUSINESS INFORMATION		Company Name			Type of Business			How Long in Business?
Company Address				City		State	Zip Code	Bus. Phone # ()
Business is:	Proprietorship Partnership	Corporation LLC	Date Formed (Corporation or LLC)			# of Owners, Partners or Members		
3. BOND INFORMATION		Type of Bond		Open Penalty Fixed Penalty		Bond Amount (if Fixed Penalty) \$		Present Market Value of Securities \$
To Whom is Bond Given (Obligee) — List full names of ALL parties, including transfer agents, registrars and trustees, if any								
Obligee's Address				City		State		Zip Code
Attach copies of ALL correspondence received from the obligee together with any bond forms provided.								
4. UNDERWRITING INFORMATION		Describe all circumstances connected with loss (e.g. date loss discovered, what search made, steps taken to recover, etc.)						
STOCK CERTIFICATE		Certificate No(s).			No. of Shares		Market Value per Share \$	
Class of Stock				Name of Stock Exchange Where Traded				
Has the Stock been	- Endorsed? Yes No		- Assigned? Yes No		- Pledged? Yes No		Has Power of Attorney Stock Power been given? Yes No	
Is Stock Registered or Recorded? Yes No						If Yes, in whose Name do they Stand?		
Issuing Company								
BOND	Number(s).			Dated		Maturity Date		
Principal Amount \$		Interest Rate		Coupons Attached? Yes No		Registered? Yes No		
Issuing Company								
CHECK/MONEY ORDER		Number(s).			Dated		Amount \$	
Name of Bank						Name of Payee		
Name of Maker						Was Stop Payment Ordered? Yes No		Date
Was the Check Endorsed? Yes No				Name of Endorser				

CREDIT INFORMATION	Occupation or Nature of Business	How Long in Business
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Please mark "Yes" or "No" to the Following Questions:

- Yes No Has another bonding company declined this bond?
- Yes No Do you or your company have any unpaid tax obligations?
- Yes No Have you ever failed in business?
- Yes No Have you ever had a claim against a bond?
- Within the last Seven (7) years have you or your company:
- Yes No had a lien filed against you?
- Yes No had a judgement awarded against you?
- Yes No had any bill owed by you referred to a collection agency?
- Yes No filed for bankruptcy?
- Yes No had a payment slowness over 90 days?
- Yes No Have you ever been in business under other names?
- Yes No Are you the Trustee, Trustor or Beneficiary of any Trust?

Note:
Please explain all "Yes" responses on a separate sheet and advise on the current status (if applicable)

A financial statement must be submitted with this application unless specifically waived by the company.

INDEMNIFICATION AGREEMENT

IMPORTANT! Signature Instructions - The individual who completes this form must also sign the indemnity agreement below. If married, spouse must also sign; however, no missing signature shall invalidate this agreement. **Sole Proprietorship** - Owner must sign below. If married, spouse must also sign. **Partnership** - Partners are signing as authorized agents of the partnership and as individually liable indemnitors. If married, spouse must also sign. **Corporation or LLC** - If corporate officer or LLC member or manager signs indicating his or her LLC capacity, it is nonetheless specifically understood that such individual is signing in his or her corporate or LLC capacity and as an individually liable indemnitor. If married, spouse must also sign. **Complete a separate application for each owner, partner, stockholder or LLC member.**

- I request that Contractors Bonding and Insurance Company ("CBIC") execute a Bond and consider executing future Bonds for (Company Name) _____ ("Principal"). I authorize CBIC or its agents to investigate my credit and Principal's credit, now and at any time in the future, with any creditor, supplier, customer, financial institution, or other person or entity. Authorization is hereby granted to any of the aforementioned, now and at any time in the future, to release information to CBIC pertaining to credit. I make the following promises so that CBIC will execute a Bond and consider executing future Bonds:
- I agree that the following definitions apply: (a) Bond means (i) any surety bond, undertaking, or other express or implied obligation of guaranty or suretyship, signed or committed to by CBIC at the request of Principal, or any of the indemnitors (regardless of what business entity is named on the Bond), on, before, or after the date of this agreement pursuant to which CBIC is or may be made liable for Loss, whether or not Principal is also liable; and (ii) all riders, endorsements, continuations, renewals, substitutions, modifications, extensions, replacements and reinstatements thereto; and changes in the penal sum thereto; and (b) Loss means any payment or expense either incurred or anticipated by CBIC in connection with any Bond or this agreement, including but not limited to: payment of bond proceeds or any other expense in connection with claims, potential claims, or demands; claim fees; penalties; interest; court costs; collection agency fees; costs related to taking, protecting, administering, realizing upon, or releasing collateral; and attorneys' fees (including but not limited to those incurred in defense of bond claims or pursuing any rights of indemnification or subrogation and in obtaining and enforcing any judgment arising from those rights).
 - I, individually, and jointly and severally with Principal and all other indemnitors, agree to hold CBIC harmless from all Loss and to pay back or reimburse CBIC for all Loss.
 - I agree to provide adequate collateral to CBIC in the event that CBIC is required or deems it necessary to establish a reserve for Loss for any Bond. The reserve for Loss may vary from time to time as CBIC deems necessary to protect itself from Loss. Cash collateral equal to the reserve for Loss shall be adequate. Other collateral shall be adequate if the net equity value of the collateral is equal to 166% of the reserve for Loss and the collateral is otherwise acceptable to CBIC. CBIC may insist upon cash collateral. Collateral may be held by CBIC until CBIC has determined it is no longer exposed to Loss as a matter of law, and CBIC may retain or sell collateral to reimburse itself for Loss. Specific performance of this paragraph shall be a remedy available to CBIC, and all procedures for executing on judgments may be used to enforce CBIC's decree(s) of specific performance. In the event that CBIC suffers a Loss, prior to being provided with collateral, CBIC may enforce any decree of specific performance, up to the amount of such decree, as a money judgment (in addition to any other judgments) to reimburse itself for such Loss without further notice or motion.
 - I agree to pay to CBIC each annual premium due according to the rates in effect when each payment is due. I agree that premium for a Bond is fully earned upon execution of a Bond and is not refundable.
 - I agree that a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement.
 - I agree that CBIC may obtain a release from its obligations as surety on a Bond whenever any such release is authorized by law.
 - Unless a Bond specifically states (i) that it cannot be cancelled, or (ii) the manner in which notice of cancellation must be given, CBIC may cancel a Bond by mailing a notice of cancellation in the regular U.S. Mails to the obligee and to Principal, or Principal's representative, at the latest address provided to CBIC, and I agree to accept service of notice in such manner. I designate my insurance agent as my representative and Principal's representative for such service. Unless a Bond, statute or lawful governmental regulation specifically provides otherwise, cancellation shall be effective 30 days after CBIC deposits the requisite notice of cancellation in the U.S. Mails. I WAIVE ANY CLAIM AGAINST CBIC FOR DAMAGES which I may suffer as a result of cancellation of a Bond or any release from any obligation of CBIC on any Bond.
 - I agree that CBIC has the exclusive right to decide whether to pay, compromise, defend, or appeal any claim against a Bond.
 - I agree that I CANNOT TERMINATE my LIABILITY to CBIC created by this agreement except by sending written notice of intent to terminate to CBIC. Written notice to terminate shall be sent to CBIC at its home office, 1213 Valley Street, P.O. Box 9271, Seattle, WA 98109-0271. I AGREE that the termination will be effective thirty working days after actual receipt of such notice by CBIC, but only for Bonds signed or committed to by CBIC after the effective date. Thus, I agree that I will REMAIN LIABLE to CBIC for LOSS on BONDS SIGNED OR COMMITTED TO BY CBIC PRIOR TO THE EFFECTIVE DATE OF TERMINATION.
 - I agree that CBIC can bring any legal action arising out of or in any way related to any Bond or this agreement in Maricopa County, Arizona, and that Arizona law shall apply where CBIC makes such election.
 - I agree that CBIC shall have the right to fill in any blanks left herein and to correct any errors made by me in filling in any blanks.
 - I agree that I have READ AND UNDERSTOOD this agreement, that I am signing as a PERSONAL INDEMNITOR, on behalf of my MARITAL COMMUNITY, and in my CORPORATE, PARTNERSHIP, or LLC CAPACITY, if any. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision. No missing signature shall invalidate this agreement.

** Insert Principal's name exactly as it is to appear in Bond.

Date	COMPANY NAME (Print)	
Indemnitor's Signature* X	Indemnitor's Name* (Print)	
Spouse Indemnitor's Name* (Print) X	Spouse Indemnitor's Signature*	

*Each indemnitor and spouse is signing in his and her individual capacity and also in his and her capacity as an owner and/or officer and/or stockholder and/or partner and/or joint venturer and/or LLC member and/or Manager.