



RLI Surety  
 A Division of RLI Insurance Company  
 19031 33rd Ave W, Ste 315 | Lynnwood, WA 98036  
 Phone: 877-819-3136 | Fax: 309-683-1640

# Application for Contractor's (and similar) License Bond

Name of Applicant: \_\_\_\_\_  
 (For co-partnership, give full names of partners and trade name)  
 State License Number: \_\_\_\_\_ Applicant's Phone Number: \_\_\_\_\_

Individual     Corporation     LLP  
 Partnership     LLC

Has Bond Been Executed?     No     Yes (Copy Attached)

Address (St. & No., City, State & Zip Code) \_\_\_\_\_

Amount of Bond	Effective Date	Description of Bond

Give Exact and Complete Name of Obligee	Address of Obligee

*(SINCE THIS IS A CREDIT GUARANTY, PERSONAL CREDIT REPORTS WILL BE ORDERED)*

1. Owner's Name	Soc. Sec. #	Spouse's Name (Mark N/A if not married)	Soc. Sec. #

Residence Address: \_\_\_\_\_

Description and Address of Owned Real Estate	Year Purchased	Current Fair Market Value	Total Remaining Mortgages / Encumbrances

2. Owner's Name	Soc. Sec. #	Spouse's Name (Mark N/A if not married)	Soc. Sec. #

Residence Address: \_\_\_\_\_

Description and Address of Owned Real Estate	Year Purchased	Current Fair Market Value	Total Remaining Mortgages / Encumbrances

3. Number of years in business: \_\_\_\_\_
4. Have you ever been bankrupt, or compromised any creditors?     YES     NO
5. Has a surety ever paid a bond claim on you or any business you were involved in?     YES     NO  
 Any claims currently in progress?     YES     NO
6. Any pending litigation against you or your company?     YES     NO
7. If you answered yes to 4, 5 or 6 above, give details on separate sheet.
8. Is bond replacing one of another surety?     YES     NO    Company: \_\_\_\_\_  
 Why? \_\_\_\_\_

AGENT/BROKER INFORMATION	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
	CK Specialty Insurance Associates, Inc.	69681	(503)625-6223	(503)625-6731	Sherwood	CA	97140
AGENT'S RECOMMENDATION	<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.						

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

**INDEMNIFICATION AGREEMENT**

I agree to indemnify **RLI Insurance Company** and/or **RLI Indemnity Company** (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize Surety or its agents to investigate my credit, now and at any time in the future, with any institution, person or entity. I further agree: **FIRST:** To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage. **SECOND:** To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including any legal fees and expenses. **THIRD:** To hold harmless and indemnify Surety from any and all liability, damages, loss, costs and expenses of every kind, including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and/or issuance of the bond. **FOURTH:** To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made. **FIFTH:** That Surety has the exclusive right to defend, settle, pay, or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety. **SIXTH:** That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon. **SEVENTH:** To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself. **EIGHTH:** 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. **NINTH:** I agree that I cannot terminate my liability to **RLI** created by this agreement except by sending written notice by certified mail of intent to terminate to **RLI**. Written notice to terminate shall be sent to **RLI** at its home office, P.O. Box 3967 Peoria, IL 61612-3967. I agree that the termination will be effective thirty working days after the actual receipt of such notice by **RLI**, but only for bonds signed or committed to by **RLI** after the effective date. Thus, I agree that I will remain liable to **RLI** for loss on bonds signed or committed to by **RLI** prior to the effective date of termination. **TENTH:** This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.

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

**Signature Instructions: Sole Proprietorship** - Owner must sign as individual and spouse must sign as indemnitor. **Partnership** - Each partner must sign as partner and spouses must sign as indemnitors. **Corporation/LLC** - President/Managing Member to sign on behalf of the corporation/LLC and all owners and spouses must sign as indemnitors. All signatures need to be witnessed by someone not otherwise signing the application.

Witness	Individual
Witness	Firm
Witness	Individually and as a co-partner
Witness	Individually and as a co-partner
Secretary	Name of Corporation/LLC (Seal)
Secretary	By _____ President/Managing Member

**ADDITIONAL INDEMNITY AGREEMENT**

In consideration of **RLI Insurance Company** executing the bond herein applied for or any renewal, extension, or continuation thereof, or increase or decrease of said bond, or any new bond in substitution for or succession to said bond, we jointly and severally join in the foregoing premium and indemnity agreements; and the undersigned, if a Corporation, declares that it has a material, substantial and financial interest in the performance of the obligation which said bond or bonds secure, and asserts itself fully empowered to obligate itself hereby.

Witness	Indemnitor
_____	_____ (Seal)
_____	_____ (Seal)
_____	_____ (Seal)
_____	_____ (Seal)
_____	_____ (Seal)
_____	_____ (Seal)
_____	_____ (Seal)
_____	_____ (Seal)