



Bond Application

130 Nickerson Street, Suite 311
 Seattle, WA 98109 (800) 441-0712
 (206) 281-8411 (206) 281-8456 Fax

APPLICANT/BOND INFORMATION

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

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:			
HOME PHONE #:		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.

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#:
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Pdq

Bond Application Additional Indemnitors

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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	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:	
HOME PHONE #:		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	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:	
HOME PHONE #:		HOME PHONE #:	
BANK NAME/BRANCH:	ACCOUNT #:	BANK NAME/BRANCH:	ACCOUNT #:

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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#:
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PDQ Bond Application Instructions

1. Fill in ALL requested information on the application.
2. Mail the COMPLETE and SIGNED original application to our office.

Co-Signer Instructions

1. Fill in ALL requested information on the application.
2. Make sure to include: Social Security Number and Name of Business or Individual you are co-signing for, and sign the application as an individual indemnitor.
3. Mail the COMPLETED and SIGNED original application to our office.

All applications must be signed as follows:

INDIVIDUAL OR SOLE PROPRIETORSHIP

both applicant and spouse must sign;

PARTNERSHIP

all partners and their spouses must sign;

CORPORATION, L.L.C.

all owners owning 10% or more stock and their spouses must sign.

BE ADVISED:

Bonds will be automatically cancelled 30 days from date of issue if the original application is not received by the Company. The first year's annual premium will be fully earned upon issuance of this bond.

Additional Text

additional text

additional text

additional text