

Surety Bond Application

AGENCY CONTACT: SANGUINETTI & CO. INS. AGENCY CONTACT: RICK MENA
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 AGENCY ADDRESS: 7337 PACIFIC AVENUE, STOCKTON CA 95207-1924

SECTION I: BOND APPLIED FOR

Type of Bond: _____ Effective Date: _____ Expiration Date: _____
 Type of Company CORP LLC DBA PARTNERSHIP Bond Amount: _____
 (Obligee): _____
 Obligee Address _____

SECTION II: GENERAL INFORMATION

Applicant's Date of Birth: _____ Spouse's Date of Birth: _____
 Applicant's Name: _____ Spouse Name: _____
 SS#: _____ Spouse SS#: _____ Home Phone: () _____
 Residence Address: _____
 Business Name: _____
 Business Phone: () _____ Business Fax: () _____ E-mail: _____
 Business Address: _____
 Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO
 If Yes, Explain: _____
 HAS APPLICANT EVER FAILED IN BUSINESS? YES NO
 If Yes, Explain: _____
 HAS APPLICANT EVER FILED BANKRUPTCY? YES NO
 If Yes, Explain: _____
 DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES NO
 If Yes, Explain: _____

PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)
STATEMENT OF ASSETS AND LIABILITIES AS OF

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
Name of Owners	Name and Title of Officers	% OWNERSHIP IN COMPANY	

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE

Worldwide Insurance Specialists, Inc
 2424 W. Missouri AVE
 Phoenix, AZ 85015



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 Or Mail to: Sanguinetti & Co. Ins., 7337 Pacific Avenue, Stockton CA 95207-1924

AMERICAN CONTRACTORS INDEMNITY COMPANY

PERSONAL FINANCIAL STATEMENT NOT TO BE USED FOR BUSINESS STATEMENTS.

**To induce COMPANY to become surety for the Undersigned, or to accept
 the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement**

Personal financial statement of _____ SS. NO. _____
 (Name)

(Street Address, City, State, Zip)
 HOME PHONE NO. () _____ BUS. PHONE NO. () _____

NAME OF SPOUSE _____

AS OF _____
 (Date)

CURRENT ASSETS	CURRENT LIABILITIES	
Cash on hand (not in bank)	Notes payable to (names and addresses):	
Cash in following banks (names and addresses):	
.....	
.....	Sales Contracts & Chattel Mtgs. (Sch. 6)	
Stocks and bonds (Schedule 1)	Accounts payable	
Accounts receivable (Schedule 2)	Current portion of long term debt	
Notes receivable (Schedule 3)	Other current liabilities (Schedule 6)	
Other current assets (Schedule 6)	
.....	
.....	Current Year's Income Taxes Unpaid	
.....	Prior Year's Income Taxes Unpaid	
.....	Real Estate Taxes Unpaid	
.....		
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES	
FIXED ASSETS	LONG TERM LIABILITIES	
Real estate (Schedule 4):	Real estate debt (Schedule 4):	
Residence	Residence	
Other	Other	
Cash value of life insurance (Schedule 5)	Borrowed on life insurance (Schedule 5)	
.....	
Other assets and investments (Schedule 6)	Other long term debt (Schedule 6)	
.....	
.....	
.....	
.....	TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS	NET WORTH	
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES

FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____

GIVE DETAILS _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL							

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

6. OTHER ASSETS AND LIABILITIES

Other Current Assets (itemize)	Other Current Liabilities (itemize)	Amount

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature _____
 S.S. No. _____ Date of Birth _____

Signature _____
 S.S. No. _____ Date of Birth _____

Date Signed _____, _____.