

License & Permit/Miscellaneous

Commercial Surety Application



**Complete this application in its entirety.
Application must be SIGNED, WITNESSED and DATED.**

General Information Questions

Type of Bond (describe purpose) _____
(Attach a copy of the bond form, if available)

Agency Name: SANGUINETTI & CO. INS.
 RO/Agency Code: 57-128439 Sub Producer Code: _____ Bond Number: _____
 Agency City: STOCKTON Agency State: CALIFORNIA

Bond Amount: \$ _____ Effective Date of Bond: _____ Bond Term, if known: _____
 # of years

Applicant is: (select one) Individual Partnership C-Corp S-Corp LLC _____
Applicant (Principal): _____ Date of Birth: _____

Name to appear on Bond, if different from Applicant: _____

Applicant's Business Address: _____

Applicant's Business Description or Latest Occupation: _____

Number of Years in Business: _____

SS#: _____ - _____ Fed Tax ID: _____ U.S. Citizen? No Yes

Business Phone: _____ Fax No.: _____ Email: _____

Obligee – party requiring the bond (required): _____

Obligee Address: _____

Billing Method: Agency Bill Direct Billed – full payment Direct Bill TABS Account
 TABS Account No.: _____

Billing Address, if different from Applicant's Address: _____

Underwriting Questions

Does the Applicant have any other Surety bonds in force with any other Surety company?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has another Surety company declined to write this or any previous bond?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever had a bond involuntarily terminated or cancelled?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has there ever been a claim or legal action against any bond executed on your behalf?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you or any of your companies declared bankruptcy or become insolvent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you or any of your companies been the subject of any legal or administrative proceedings resulting in disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been convicted of a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
(If you answered Yes to any of the above questions, please attach a detailed explanation.)		
Has the Applicant continuously been in business under the current name and ownership for at least three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the bond guarantee the performance of a <i>specific</i> contract or agreement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, attach a copy of the contract or agreement.	<input type="checkbox"/> copy attached	
Does the bond cover any type of environmental or pollution exposure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the bond guarantee the payment of taxes, fees, wages or payment of any type?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Sanguinetti & Co. Insurance Brokers / Mark Twain Insurance Services

7337 Pacific Avenue, Stockton CA 95207-1924

Fax: (877) 577-1722 / (209) 954-0800 ~ Email: bonds@sanguinettico.com

Indemnity Agreement

The undersigned Applicant and Indemnitor(s), (all hereinafter called the Indemnitor(s)) hereby certify that the foregoing declarations made and answers given are the truth without reservation, and are made for the purpose of inducing the Surety to execute a certain bond or undertaking herein applied for, and any renewal, procurement, assumption, continuation or increase of the same, or any bond of similar nature given in substitution or renewal thereof (all comprehended in the word "bond" or "undertaking" as herein used).

Indemnitor(s) hereby expressly authorize Hartford to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) To verify information supplied to Hartford; (b) For underwriting purposes; and (c) Upon receipt of a notice of claim or potential claim, for debt collection. Hartford may furnish copies of any and all statements, agreements, and financial statements and any information, which it now has or may hereafter obtain concerning each of the Indemnitors, to other persons or companies for the purpose of procuring co-suretyship or reinsurance.

If Hartford Fire Insurance Company, Hartford Plaza, Hartford, CT 06115, itself or any of its affiliates, parent, subsidiaries, co-sureties, or re-insurers, (individually and collectively called "Hartford"), as Surety, shall execute or procure the execution of the bond or undertaking hereinbefore applied for, which bond and application are hereby referred to and made a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with Hartford as follows:

Indemnitor(s) shall pay the premiums and renewal premiums for each bond issued hereunder, until Hartford has received written legal evidence, satisfactory to Hartford, in its sole discretion, of its discharge from all such bonds and all liability related thereto.

Indemnitor(s) agree to indemnify Hartford and save it harmless from any and all loss and expense of whatsoever kind or nature, including, but not limited to interest, court costs, attorney fees, incurred by Hartford in connection with or by reason of furnishing any bond hereunder. The undersigned Indemnitor(s) hereby agree to deposit upon demand with Hartford an amount sufficient to discharge any claim or any such bond, which deposit may be held by Hartford as collateral security against any loss or cost on this bond.

Indemnitors agree that any Obligee on any bond written pursuant to this Agreement is specifically authorized and requested to disclose any and all information, including providing copies of documents, whether deemed confidential or not, requested by the Surety in it's investigation of any claim. The indemnitors irrevocably appoint Hartford as their Attorney in Fact with the right but not the obligation to exercise its rights and execute or deliver any document in the name of the indemnitor deemed necessary to carry out the intent and purpose of this paragraph.

A facsimile signature of this document shall be deemed an original signature for any and all purposes.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF BENEFITS.

WITNESS the following signature(s) and seal(s) this day of , 20 . ←

If Indemnitor is a PARTNERSHIP, CORPORATION or LLC:

	Name of Firm/Corporation	
Witness: _____	By: _____	(Seal)
_____	Print Above Name Here	_____
_____	Title (Print)	_____
<i>Print Above Name Here</i>		

If Indemnitor is an INDIVIDUAL:

Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>
Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>
Witness: _____	<i>Indemnitor</i>	
_____		_____
<i>Print Name Above</i>		<i>Print Name and Social Security Number of Above</i>

Reminder – Please make sure the application has been SIGNED, WITNESSED and DATED in the appropriate areas.