

CONTRACTOR LICENSE BOND APPLICATION CHECKLIST

IMPORTANT NOTICE

On and after January 1, 2004, SB-1919 requires all classifications of contractors to provide a \$10,000 bond.

****** \$10,000 CONTRACTOR LICENSE BOND ******

NEWLY LICENSED CONTRACTOR

1 YR. : \$93.00 2 YR. : \$156.00 3 YR. : \$207.00

CURRENT CONTRACTOR W/ GOOD CREDIT RATING

1 YR. : \$93.00 2 YR. : \$156.00 3 YR. : \$207.00

ROOFING CONTRACTOR - w/ Preferred Status

1 YR. : \$127.00 2 YR. : \$227.00 3 YR. : \$307.00

SWIMMING POOL CONTRACTOR - w/ Preferred Status

1 YR. : \$145.00 2 YR. : N/A 3 YR. : N/A

- Above rates are based on "Approved Credit Rating" and the rate can change based on your actual rating.
- If you are a new contractor, attach a copy of the letter from the License Board advising that you have passed the exam.
- First year's Premium or \$100.00 minimum premium, whichever is greater, is FULLY EARNED upon issuance.
- Return original wet signature Bond Application with the payment
 - * If Sole Owner, applicant must sign on behalf of firm
 - * If Partnership, at least two authorized partners must sign
 - * If Corporation, President and at least one other officer must sign for corporation and as individual indemnitor

Payable To : California Contractors Coalition
2323 W. 8th St. #200
Los Angeles, CA 90057
T. : 213-368-5200 F. : 213-487-6832

Help : Any question filling out and/or need other assistance,
send us e-mail to : info@cscontractors.com

**FILL OUT THE FORM
ACCURATELY & COMPLETELY
FOR PROMPT PROCESSING**

CALIFORNIA CONTRACTORS COALITION

\$10,000 CONTRACTOR LICENSE BOND APPLICATION

These rates do not apply to Roofers, Swimming Pool Contractors or Disciplinary Bonds*

Complete the following : **1 YEAR \$93.00** **2 YEARS \$156.00** **3 YEARS \$207.00** (O.A.C.)

NAME (MUST BE EXACTLY AS IT APPEARS ON YOUR <u>POCKET LICENSE</u> OR <u>LICENSE APPLICATION</u>)		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> RME / RMO
STREET ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS IF DIFFERENT	CITY	STATE	ZIP
PHONE #	FAX #	REQUESTED EFFECTIVE DATE	
LICENSE NUMBER	LICENSE CLASS	NOTE : If you are a new contractor, attach a copy of PASS LETTER from license board.	
IF RME/RMO (Bond of Qualifying Individual), Complete the following			
NAME OF FIRM ON LICENSE			
STREET ADDRESS	CITY	STATE	ZIP

INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN

IN CONSIDERATION of the execution of such bond, and in compliance with a promise of the undersigned made prior thereto, the undersigned individually hereby agree, for themselves, their personal representatives, successors and assigns, jointly and severally, as follows:

1. To reimburse American Contractors Indemnity Company («Surety») upon demand for all payments made for and to indemnify Surety from:
 - a) all loss, contingent loss, liability and contingent liability, claim, expense, including attorneys' fees, for which Surety shall become liable or shall become contingently liable by reason of such suretyship, whether or not Surety shall have paid same at the time of demand; and
 - b) to pay Surety an advance premium for the first year or a fractional part thereof that is fully earned and to pay annually thereafter such annual premium for suretyship as is billed until satisfactory evidence of discharge or release of liability shall be furnished to Surety by the obligee.
 - c) Upon written demand, to deposit with the Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety in its absolute discretion determines necessary and the deposit shall be pledged as collateral security on any bond or other bonds the Surety may have issued for the undersigned.
2. Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles County, California and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles County, California.
3. Surety is authorized to investigate, at any time, the undersigned's credit, employment history, and department of motor vehicle records. Privacy Notice: All nonpublic personal information gathered pursuant to the application shall not be disclosed except as permitted by law.

Regardless of the date of signature, this indemnity is effective as of the date of execution and renewal of the aforementioned bond(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein and in the bond(s).

If Individual - Sign Below

 X
Signature

Printed Name

SSN # _____ Driver's License # _____

FIRST YEAR'S PREMIUM OR \$100.00 MINIMUM PREMIUM, WHICHEVER IS GREATER, IS FULLY EARNED UPON ISSUANCE.

DATE : _____

If Partnership - Sign Below

 X
Signature - Partner & Individually

Printed Name

SSN # _____ Driver's License # _____

 X
Signature - Partner & Individually

Printed Name

SSN # _____ Driver's License # _____

If Partnership - Sign Below

 X
Signature - President & Individually

Printed Name

SSN # _____ Driver's License # _____

 X
Witness

Printed Name

Official Use :
Agent : California Contractors Coalition (#OC69177)
2323 West 8th St. #200, Los Angeles, CA 90057 T : 213-368-5200 F : 213-487-6832