

SPEEDY APP

TYPE OF BOND	AMOUNT \$	EFFECTIVE DATE	TERM	SOCIAL SECURITY NO.																								
NAME (MUST BE EXACTLY AS IT IS TO APPEAR ON BOND)		BUSINESS PHONE		BUSINESS FAX																								
BUSINESS STREET ADDRESS (MUST BE PROVIDED)			CITY	STATE																								
			ZIP	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC																								
MAILING ADDRESS			CITY	STATE																								
			ZIP	TAX ID FOR CORPORATION OR PARTNERSHIP																								
HOME ADDRESS			NATURE OF APPLICANT'S BUSINESS																									
			HOME PHONE																									
<u>PROCESS SERVER BOND</u> Bond Amount - \$2,000. County of _____		<u>NOTARY BOND</u> Bond Amount - \$15,000. 4-Year Term Attach Copy of Commission Slip		<input type="checkbox"/> <u>MOTOR VEHICLE</u> (Defective Title, Foreign Vehicle) Rate 2% of bond amount required. \$100 min. Complete Below. If bond exceeds \$10,000., submit financial statement. BOND AMOUNT \$ _____																								
<u>INSURANCE BROKER BOND</u> Bond Amount - \$10,000. 2-Year Term Broker's License _____		<u>TAX PREPARER BOND</u> Bond Amount - \$5,000.00 <input type="checkbox"/> 1-Year Term <input type="checkbox"/> 2-Year Term <input type="checkbox"/> 3-Year Term <input type="checkbox"/> 4-Year Term		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">VEHICLE MAKE</td> <td style="width: 25%;">MODEL</td> <td style="width: 25%;">YEAR</td> <td style="width: 25%;">CYL</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>BODY TYPE</td> <td>LICENSE</td> <td colspan="2">MOTOR NO.</td> </tr> <tr> <td>_____</td> <td>_____</td> <td colspan="2">_____</td> </tr> <tr> <td colspan="4">SERIAL NO.</td> </tr> <tr> <td colspan="4">_____</td> </tr> </table>	VEHICLE MAKE	MODEL	YEAR	CYL	_____	_____	_____	_____	BODY TYPE	LICENSE	MOTOR NO.		_____	_____	_____		SERIAL NO.				_____			
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_____	_____	_____	_____																									
BODY TYPE	LICENSE	MOTOR NO.																										
_____	_____	_____																										
SERIAL NO.																												

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 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, California and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles, California.
3. Surety is authorized to investigate, at any time, the undersigned's credit, employment history, and department of motor vehicle records.

Regardless of the date of signature, this indemnity is effective as of the date of execution 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).

Date _____

If Individual - Sign Below			
✓ _____ Signature	✓ _____ Signature - Spouse		
Printed Name Soc. Sec. # _____ Driver's Lic. # _____	Printed Name Soc. Sec. # _____ Driver's Lic. # _____		

If Partnership - Sign Below	
Name of Partnership _____	
✓ _____ Signature - Partner & Individually	
Printed Name Soc. Sec. # _____ Driver's Lic. # _____	
✓ _____ Signature - Partner & Individually	
Printed Name Soc. Sec. # _____ Driver's Lic. # _____	

If Corporation - Sign Below	
Name of Company _____	
✓ _____ Signature - President & Individually	
Printed Name Soc. Sec. # _____ Driver's Lic. # _____	
✓ _____ Signature - Secretary	
Printed Name	

AGENT INFORMATION			
Name	Stratum Insurance Agency, LLC	Phone (949)	270-0609
Address	PO Box 273	Fax (949)	270-0608
City, State, Zip	Corona Del Mar, CA 92625	HCCS Producer No.	12068

STRATUM INSURANCE AGENCY, LLC

2212 Dupont St, Suite P, Irvine, CA 92612
Phone: (949)270-0609 Fax: (949)270-0608
www.stratumins.com
CA License #0E52066

CHECK BY FAX AUTHORIZATION

I, _____, hereby authorize Stratum Insurance Agency, LLC, to create a demand draft in the stated amount of this check for payment of my insurance premium. I understand that this replacement check will be presented to my financial institution for payment. I further understand that if my financial instution does not honor any payment, an NSF fee will be assessed to the balance due and my policy may not be bound or may be cancelled.

Accountholder's Name _____

ACCOUNT NUMBER: _____ ROUTING NUMBER (9 digits) _____

Date _____



Accountholder's Signature : _____

Please attach check in space below, and fax to (949) 270-0608 or scan and email to

info@stratumins.com

PLEASE MAIL YOUR CHECK AFTER FAXING.

PLACE CHECK HERE

Instructions:

1. Complete page one in the highlighted areas
2. Sign each page by the arrows
3. Attach a check made payable to Stratum Insurance Agency
4. Return all pages by:

FAX: 949-270-0608

EMAIL: INFO@STRATUMINS.COM

MAIL:

STRATUM INSURANCE AGENCY
PO BOX 273
CORONA DEL MAR, CA 92625

Please include an email address and telephone number so that we can contact you to confirm receipt your documents.