California Contractors License Bond Application and Indemnity Agreement



Quote #:	Requested Effective Date:			
Bus	siness/License Holder Inform	ation		
Business/License Name		Contractor's License Number or Application Fee Number		
Street Address				
City/State/Zip		Business Ph	one Business Fax	
<u> </u>	demnitor/Guarantor Informa	tion		
First Name/Middle Name/Last Name	Driver's License Number	Date of Birth	Social Security Number	er er
Home Address		E-Mail Address		
City/State/Zip		Mobile Phone Number		
Indemnifica	tion Agreement – Read Care	fully and	Sign	
To reimburse, hold harmless, and inde to attorneys' fees, expert's fees, invest in defense, adjustment, or settlement same at the time of demand.	dersigned promise and agree, jointly a	nd severally, I for the Und I correct. Iiability, clair nd any other suretyship, w	with SureTec Insurance Comp dersigned at the request of eith m, expense, including but not lir cost which Surety shall pay or thether or not Surety shall have	pany, ner of mited incur
	or the first year upon execution of the bo	-		time
enforce same shall be in Los Angele	is agreement, including the promise to es County, California. Surety shall be e reement. That, Surety is authorized to in epartment of Motor Vehicle records.	ntitled to red	cover its reasonable attorneys'	fees
	ety a security interest in and to all eq	uipment, inv	ventory, receivables, accounts,	and
7. That, we may do business electronic	cally with the undersigned and that, and a control of the control			

X X (Authorized Representative and Individually) X (Authorized Representative and Individually)

Agency: Phone: Fax: Address: Fax: Agency No. ______