$12,500 Contractors License Bond Application

903 Embarcadero Dr. #2
El Dorado Hills, CA 95762
Phone: 1-916-370-7732
Fax: 1-800-599-1508
Jeremy@schaedlerinsurance.com
www.schaedlerinsurance.com

*Workers Comp * Contractors Liability * Commercial Auto * Contractor Bonds*

Bond Application Instructions

1. Select a bond term by checking one of the boxes to the right.
2. Complete the attached bond application including your phone number, social security and sign where indicated.

   Sole Ownership: The owner signs as the authorized representative. List the title as "Owner"

   Partnership: One partner signs as the authorized representative. All other partners must sign as additional indemnitors.

   Corporation: The president must sign for the corporation as the authorized representative. All stockholders of 10% or more must sign as additional indemnitors.

   RME/RMO: Please call us for instructions.
3. Select a payment type. If paying by credit card, please complete the credit card authorization below. If paying by check, please make checks payable to "Schaedler Insurance"
4. Mail or fax this form, the completed application and payment to:

   Schaedler Insurance
   903 Embarcadero Dr. #2 ***Or*** **Fax: 1-800-599-1508**
   El Dorado Hills, CA 95762
5. Once your application is approved, we'll electronically file a copy of your bond with the state license board.

Select Bond Term

- ☐ 1 Year- $113
- ☐ 2 Years- $186
- ☐ 3 Years- $260
- ☐ 4 Years- $309

*All rates subject to underwriting and credit approval

Bond Application Checklist

- ☐ Bond Term Checked
- ☐ Bond Application Completed
- ☐ Payment Attached
- ☐ Check Here If You Would Like To Be Contacted Regarding Workers Comp Or Contractors Liability Insurance

Please Make Checks Payable To:

Schaedler Insurance

License: 0F06277

Charge Your Premium

☐ ☐ ☐

Amount of Charge:_____

Today's Date:_____

Name On Card		
Card Number		
Exp. Date	Zip Code	Security Code
Address		
Signature X		

SureTec Insurance Company

Mail To: Schaedler Insurance
903 Embarcadero Dr. #2 El Dorado Hills, CA 95762
Phone: 1-916-370-7732, Fax: 1-800-599-1508,
Email:Jeremy@schaedlerinsurance.com.
www.schaedlerinsurance.com

California Contractor's License Bond Application

Agency: Schaedler Insurance **Agency Code:** 510284

Principal's Name: ***Please print exactly as it appears on the contractor's license or license application***			**License or Application Fee #**
Bus. Street Address - ***No P.O. Box***			**License Classification(s):**
Bus. Mailing Address			**Pool License (C-53)** ☐ Yes ☐ No **Roofing License (C-39)** ☐ Yes ☐ No
Bus. Phone	**Bus. Fax**	**Bus. Tax ID (if any)**	**Website**
Name of Owner(s)		**E-Mail Address(es)**	
Home Address - ***No P.O. Box***			**Date Business Started:**
Social Security Number	**Home Phone**	**Cell Phone**	**Date Bond to be Effective:**

Does the Principal or any individual involved in Principal's business: *If yes, attach explanation*

Have any outstanding collection items, liens, or claims against you?	☐ Yes	☐ No	Have or had any lawsuits, judgments against them or ever failed in business or declared bankruptcy?	☐ Yes	☐ No
Ever failed to reimburse a surety for a claim against a bond or expenses incurred in connection therewith?	☐ Yes	☐ No	Ever had a license or bond cancelled, suspended, or denied?	☐ Yes	☐ No

Indemnification Agreement - Read Carefully and Sign

IN CONSIDERATION of the execution of, or renewal of, such bond, the undersigned Principal and Individual Indemnitor have agreed and do hereby agree, for themselves, their personal representatives, successors and assigns, jointly and severally, as follows:

1. That, the provided information is true and correct.
2. To reimburse SureTec Insurance Company ("Surety") upon demand for all payments made for, and to indemnify Surety from all loss, contingent loss, liability and contingent liability, claim, expense, including attorneys' fees, experts' fees, and claims adjusting fees, for which Surety shall pay, become liable, shall become contingently liable, or incur in the enforcement of this agreement, by reason of such suretyship, whether or not Surety shall have paid same at the time of demand; 3. 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.
4. To deposit with the Surety, on demand, a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety in its absolute discretion determines necessary to protect itself from loss, such deposit to be pledged as collateral security on any bond or other bonds the Surety may have issued for the undersigned.
5. That, the place of performance of this agreement, including the promise to pay Surety, shall be in the county in California in which Surety has its principal place of business and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in the county in California in which Surety has its principal place of business.
6. That, 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.
7. That, Surety, at its sole discretion and without notice to the undersigned is authorized, but not required, to make or consent to changes in the bond or to issue substitute bonds or renewals thereof and this indemnification shall apply to such change, substitute or renewal bond.
8. That, 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).
9. That, the undersigned are jointly and several liable with any Additional Indemnitors who may agree to indemnify Surety, and that Surety may release, settle with, or accept partial indemnity from the undersigned or any Indemnitor or Additional Indemnitor without releasing any other Indemnitor from liability to Surety
10. That, a facsimile of this Agreement, including a facsimile signature, shall be considered an original and shall be admissible in a court of law to the same extent as an original copy with original signature.
11. That, we may do business electronically. Any signature by fax, electronic signature, click through endorsement, or otherwise, shall be binding on the undersigned.

Important Signature Instructions

- If sole owner, applicant must sign as duly authorized representative. Spouse must sign as additional indemnitor below.
- If a general partnership, an authorized partner must sign as duly authorized representative. All authorized partners and spouses must sign as additional indemnitor below.
- If a corporation, the president must sign as the authorized representative. All stockholders of 10% or more and spouses must sign as Individual Indemnitor(s) below or on attached Additional Indemnitor Agreements

Signed and dated this _____ day of _____, _____.

_____ X _____
Printed Name of Individual Indemnitor (Principal's authorized representative) (Printed Title)

_____ X _____
Printed Name of Individual Indemnitor (Principal's authorized representative) (Printed Title)