

# J.R. OLSEN BONDS & INSURANCE BROKERS, INC.

CA Broker/Agent Lic.# 0680914 – E-mail: [I&pbonds@jrolsenbonds.com](mailto:I&pbonds@jrolsenbonds.com)

## CALIFORNIA CONTRACTOR'S LICENSE APPLICATION

Name of Principal (Full Legal Name Including DBA if Any)	Phone (     )     -
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Street Address	City	State	Zip
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**IF BOND OF QUALIFYING INDIVIDUAL, COMPLETE NEXT TWO LINES**

Name of Firm on License
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Street Address	City	State	Zip
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Describe Type of Bond Needed: \_\_\_\_\_

Name of Government Body Requiring this Bond: \_\_\_\_\_

License Number: \_\_\_\_\_ Trade or Craft: \_\_\_\_\_ 3 years Experience? \_\_\_\_\_

Amount of Bond: \_\_\_\_\_ Term of Bond Requested: \_\_\_\_\_ 1 yr. \_\_\_\_\_ 2 yrs. \_\_\_\_\_ 3 yrs. \_\_\_\_\_ 4 yrs.

1) Any claims history? \_\_\_\_\_  
a) If Yes, was the claim(s) resolved without loss to surety? \_\_\_\_\_

2) Do owners personally or with a company in which they had an ownership interest, have a history of:  
a) Chapter 7 Bankruptcy? \_\_\_\_\_ If Yes, Explain details \_\_\_\_\_  
b) Chapter 11 or 13 bankruptcy? \_\_\_\_\_ If Yes, Explain details \_\_\_\_\_  
c) If you answered Yes to 2 (b) above, is the proceeding still active? \_\_\_\_\_

3) Is the combined personal net worth of the owners at least five times the amount of the bond? \_\_\_\_\_

4) Do owners or the firm itself have any Unsatisfied Judgments, Tax Liens, Undisputed Collections, or Absence of any Credit Relationship for 24 months by owners personally or by firm? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

5) If you have Unsatisfied Judgments, Tax Liens or Disputed Collections:  
a) Have you entered into formal agreements to repay in installments? \_\_\_\_\_  
b) If Yes, can you prove you have complied with the payment schedule(s) for at least 6 months? \_\_\_\_\_  
(Confirming letter from creditor will be required)

6) Do owners and firm pay financial obligations:  
a) Within agreed terms? \_\_\_\_\_  
b) Within 30 days past terms, but on not more than 2 accounts? \_\_\_\_\_

The Undersigned Applicant and indemnitors hereby certify that the statements contained herein or attached hereto are true and are made to induce the Surety to execute or continue the suretyship described herein, and agree as follows; FIRST: to pay any premiums due while Surety has liability outstanding; SECOND: to indemnify Surety from all liability and loss, expenses, and damages incurred as a result of furnishing bond, renewals, continuations, extensions, or increase in bond amount, including attorneys fees incurred by Surety in enforcing this agreement; THIRD: that Surety has the exclusive right to determine the disposition of any claim or suit; FOURTH: that an itemized statement of loss and expenses by Surety shall be prima facie evidence of the fact and extent of Undersigned's obligation to Surety; FIFTH: that this agreement inures to the benefit of the Surety, or any other company executing or reinsuring bond at the request of Surety; SIXTH: that Surety may examine assets covered by the bond any time; SEVENTH: that in the event application is for a lost securities bond, Undersigned will deliver any securities subsequently found to Surety; and EIGHTH; upon demand of Surety, Undersigned will deposit sufficient collateral with Surety to offset any claim made against Surety under bond applied for. J.R. Olsen Bonds & Insurance Brokers, Inc. is authorized by indemnitors to designate the surety executing this bond, substitutions, or amendments thereto. This agreement shall apply to all renewals, continuations, substitutions, and extensions of suretyship herein applied for. **IT IS HEREBY FURTHER AGREED AND UNDERSTOOD THAT THE FIRST'S YEAR'S PREMIUM ON THE BOND SHALL BE CONSIDERED FULLY EARNED UPON ISSUANCE OF THE BOND.**

**APPLICANTS SIGN TWICE**

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

**ALL OWNERS AND THEIR SPOUSES MUST SIGN BELOW**

\_\_\_\_\_  
(Firm Name)  
By: (1) X \_\_\_\_\_ X \_\_\_\_\_  
(Legal Representative) (Secretary)

Title:     President    Partner    Sole Owner    Managing Member (LLC)    Status:    Single    Married

**SIGNATURES OF PERSONAL INDEMNITORS**

**PRINT NAME OF EACH SIGNER**

(1) X _____ Soc. Sec. # _____ DOB: _____	(1) _____
(2) X _____ (SPOUSE) Soc. Sec. # _____ DOB: _____	(2) _____ (SPOUSE)
(3) X _____ Soc. Sec. # _____ DOB: _____	(3) _____
(4) X _____ (SPOUSE) Soc. Sec. # _____ DOB: _____	(4) _____ (SPOUSE)

March 2002