

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

Broker/Agent License # 0680914
7407 Topanga Canyon Blvd., Canoga Park, CA. 91303
Tel. (800) 452-7121 * (818) 227-2620
Fax (818) 227-2748 * (818) 227-2629

Court Bonds

In order to process your bond request, please provide the following information:

Bond required for the plaintiff(s): the personal indemnity of the applicant (or business owners/partners/managing members) is required, therefore, said individual(s) must qualify for the bond based on excellent credit history/score and financial strength. Otherwise cash collateral for the full bond amount would be required. The forms of cash collateral are cashier's check or wire transfer directly to the surety company or an Irrevocable Letter of Credit issued by a major US bank which must be approved by the surety company (instructions and additional information would be provided).

Please provide the following:

1. Application (attached): Must be properly completed, dated and signed.
2. Personal Financial Statements of applicant required.
3. Brief description of the case by attorney.
4. Copy of court order.

Bond required for the defendant(s): (Including as most foreclosure related court bonds and ALL APPEAL (supersedeas or labor dispute) BONDS require full cash collateral regardless of the applicant's qualifications. Requirements are:

- **Application:** Must be completed in full, dated and properly signed. Please be sure to enter the correct bond amount.
- Copy of the court documents/order.
- Collateral Security Deposit for the **full** bond amount. **Collateral will be accepted in the form of a cashier's check (up to \$50,000), a wire transfer of fund (instructions will be provided) or an Irrevocable Letter of Credit issued by a major US bank - preapproved by the surety company, and using the surety's sample wording.** Detailed instructions will be provided once the collateral type has been determined.
- **Important:** If collateral is provided in the form of wire transfer or cashier's check, a personal financial statement of the applicant is required (form attached).
- **Collateral Receipt and Agreement:** This agreement must be signed by the depositor and it will be provided once the type of collateral deposit is determined.
- The estimated annual cost is 1% to 5% of the bond amount. The minimum premium on these bonds is \$250.00 . [This type of bonds renew automatically until the judgment is satisfied or released. The applicant is responsible for payment of annual premium].
- Upon release of the bond, the Surety Company will process the return of collateral.

Don't hesitate to contact our office for any questions.

J. R. OLSEN BONDS & INSURANCE BROKERS, INC.
L & P Department

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JUDICIAL/COURT BOND APPLICATION*

Date: _____

1. AGENT/BROKER INFORMATION	Agency/Broker Name:	Producer #:	Phone #:	Fax #:
2. BOND INFORMATION	Type of Bond:		Amount of Claim or Judgment:	Amount of Bond:
Bond to be Filed in: Court of _____ County State of: _____			Date of Judgment:	Docket No:
Exact Title Of Action:			Basis of action**:	
Describe property being attached or otherwise involved:			Is applicant involved in other litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach paper and explain.	
Principal is <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Lawyer's Name and Address:		Name of Other Party:	

****MUST attach copy of the Complaint, or Court documents requiring the bond.**

3a. BUSINESS INFORMATION	Company Name (Must be exactly as it appears on bond):				Business Phone #:	
Company Address:		City:	State:	Zip Code:	Annual Business Income: \$	Other Business Income: \$
Nature of Business:		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Date Formed Corp. or LLC:	# of Owners, Partners or Members:	How Long in Business?	
3b. PERSONAL INFORMATION	Individual's Name:			Social Security #:	Date of Birth:	
Occupation:			Employer and Business Address:		Business Phone:	
Spouse's Name:				Social Security #:	Date of Birth:	
Residence Address:		City:	State:	Zip Code:	Estimated Personal Net Worth: \$	

✦ If CORPORATION, complete 3a and 3b. If INDIVIDUAL, complete 3b only.

➤ Business and/or Personal financial statements must be provided.

***All information furnished on this application will be utilized and relied upon in the issuance of any bonds on or after the date above.**

Completion of this application constitutes permission to obtain consumer information which will be used to determine bonding eligibility. _____ - Signature(s)

Fraud Statement "Any Person who knowingly and with intent to injure, defraud, or deceive and insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

ALL PREMIUMS ARE EARNED IN FULL

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www.jrolsenbonds.com

Personal Financial Statement

As of _____,

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more for voting stock, or (4) any person or entity providing a guaranty on the loan.

Name: _____ Business Phone: () _____

Residence Address: _____

City, State & Zip Code: _____ Residence Phone: () _____

Business Name of Applicant/Borrower: _____

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile – Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1: Source of Income	Contingent Liabilities
Salary \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income _____	Legal Claims & Judgments \$ _____
Real Estate Income _____	Provision for Federal Income Tax \$ _____
Other Income (Describe below)* _____	Other Special Debts \$ _____

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
		\$	\$		
		\$	\$		
		\$	\$		

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Name of Mortgage Holder			
Mortgage Balance	\$	\$	\$
Amount of Payment per Month/Year	\$	\$	\$

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lienholder(s), amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities (Describe in detail)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)

I authorize J. R. OLSEN BONDS & INSURANCE BROKERS, INC. to make inquires as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 19 U.S.C. 1001).

Signature:	Date:	Social Sec. Number:
Spouse's Signature:	Date:	Spouse's Social Sec. Number:
Print Name:		