

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

CA Broker/Agent Lic. #0680914

Defective Title Bonds for vehicles, boats, trailers, or other vehicles registered with the DMV

Instructions to apply for the bond are as follows:

1. Application (attached): Please complete in full, date and sign as indicated.
2. Include a copy of the bill of sale, proof of payment/purchase, and the DMV print-out. (The surety companies require copy of Bill of Sale, and the paper furnished by the DMV showing Vehicle No., Lic.#, Make & year).
3. Current Financial Statement (form attached): For bonds over \$15,000 a current financial statement of the applicant is required.
4. The premium will be quoted once the bond is approved. **ALL Bonds** are subject to a **Minimum cost of \$150.00 ***.

Please feel free to contact our office with any questions

Thank you,

**J. R. Olsen Bonds & Insurance Brokers, Inc
L&P Dept.**

J.R. Olsen Bonds reserve the right to change or cancel these terms and conditions at any time without notice to include the return of premium and fees. We hope this will accommodate you/your client, and we look forward to working with you on this account.

PLEASE SIGN AND RETURN

The above quote may include an administrative (broker) fee. Therefore, the undersigned hereby agrees that if a fee is charged, to pay the fee in the amount of \$50.00 as shown above. If Bond is cancelled midterm, the commission shall also be considered a fee, and be fully earned. In addition, fees and premiums may earn interest. This undeclared income is non-refundable and fully earned as well as any fees charged. In addition, J. R. Olsen Bonds & Insurance Brokers, Inc. may also be acting on behalf of the insurer issuing the subject Bond(s) or Insurance and will be receiving a commission. This agreement shall serve as the writing required pursuant to the rules set forth by the California Department of Insurance. In the future other fees may be charged for reinstatement or changes to the bond due to unresponsiveness to renewal, incorrect information provided, etc., fees for changes are usually \$25.00. Fees charged by other companies will be documented above and on the invoice. (Brokers/Agents shall comply with their applicable state regulations regarding fees)

Quote and Agreement Accepted: _____ (Sign)
Title: _____ Date: _____

7407 Topanga Canyon Blvd., Canoga Park, CA 91303
Tel: (818) 227-2620 ~ Fax: (818) 227-2748 ~ Toll Free: (800) 452-7121
www.jrolsenbonds.com

Commercial Surety Application

Date: _____

*Tax Return information will be used to verify time in business

BOND INFORMATION	Type of Bond (Attach Bond Form):	Amount of Bond*:	Effective Date:
Obligee Name:	Obligee Address:	Expiration Date (if other than one year):	

***Bond penalty over \$25,000, submit Business and/or Personal Financials.**

BUSINESS INFORMATION	Company Name (Must be exactly as it appears on bond):			Business Phone #:
Company Address:	City:	State:	Zip Code:	Business Net Worth: \$
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?
Previous Bonding Company:	Reason for Changing Bonding Company (Not Applicable in MO):			

PERSONAL INFORMATION	Applicant's Name:		Social Security #:	Date of Birth:
Spouse's Name:			Social Security #:	Date of Birth:
Residence Address:	City:	State:	Zip Code:	Estimated Personal Net Worth: \$
Real Estate Owned:	Value:		Owed:	
Are you the Trustee, Trustor Or Beneficiary of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever declined for Bonding previously? (Not Applicable in MO) <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL INFORMATION	Co-Applicant's Name:		Social Security #:	Date of Birth:
Spouse's Name:			Social Security #:	Date of Birth:
Residence Address:	City:	State:	Zip Code:	Estimated Personal Net Worth: \$
Real Estate Owned:	Value:		Owed:	
Are you the Trustee, Trustor Or Beneficiary of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever declined for Bonding previously? (Not Applicable in MO) <input type="checkbox"/> Yes <input type="checkbox"/> No

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