

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

Broker/Agent Lic. #0680914

SUBDIVISION / GRADING BOND APPLICATION

1. NAME OF DEVELOPER: _____
2. TYPE OF ENTITY: CORPORATION PARTNERSHIP JOINT VENTURE
SOLE PROPRIETORSHIP
NUMBER OF YEARS IN BUSINESS: _____ CONTRACTORS LICENCE# _____
3. BUSINESS ADDRESS: _____
4. PHONE: _____ FAX: _____

PRINCIPALS OF THE COMPANY

POSITION OR TITLE WITH THIS FIRM: _____ % OWNERSHIP: _____
NAME: _____ SOCIAL SECURITY#: _____
RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ SPOUSE'S NAME: _____

POSITION OR TITLE WITH THIS FIRM: _____ % OWNERSHIP: _____
NAME: _____ SOCIAL SECURITY#: _____
RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ SPOUSE'S NAME: _____

POSITION OR TITLE WITH THIS FIRM: _____ % OWNERSHIP: _____
NAME: _____ SOCIAL SECURITY#: _____
RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ SPOUSE'S NAME: _____

BUSINESS BANKING

NAME OF BANK: _____ PHONE: _____
ADDRESS: _____
YEARS WITH BANK: _____ CONTACT: _____
ACCOUNT NUMBERS: _____
LINE OF CREDIT\$: _____ HOW MUCH AVAILABLE: _____
(ATTACH COPIES OF BUSINESS / PERSONAL BANK STATEMENTS TO VERIFY)

7407 Topanga Canyon Blvd. Canoga Park, CA 91303
Phone: (818) 227-2620 * FAX: (818) 227-2632
Email: jrolsen@jrolsenbonds.com

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ACCOUNTING

NAME OF FIRM: _____ PHONE: _____
ADDRESS: _____

WHOM TO CONTACT: _____ YEARS WITH FIRM: _____
FISCAL YEAR END IS: _____

PRIOR SURETY CREDIT

WHO WAS YOUR MOST RECENT BONDING CO.: _____
UNDERWRITER: _____ YEARS WITH COMPANY: _____
LARGEST SINGLE BOND AMOUNT: _____
REASON FOR CHANGING SURETY: _____
HAVE YOU POSTED COLLATERAL TO THE BONDING CO.: _____
IF YES DESCRIBE: _____
BOND CREDIT DEIRED: SINGLE \$ _____ AGGREGATE \$ _____
HAS ANY COMPANY EVER DECLINED TO FURNISH YOU A BOND: _____
IF YES DECRIBE: _____

EACH OF THE UNDERSIGNED AFFIRMS THAT THE FOREGOING STATEMENT AND ANSWERS ARE TRUE AND CORRECT AND ARE MADE TO INDUCE THE SURETY COMPANY TO EXECUTE OR PROCURE THE EXECUTION OF SURETY BOND OR ANY EXTENTION, MODIFIATION, OR RENEWAL THEROF, ADDITION THERTO, OR SUBSTITUTION THEREFOR. EACH OF THE UNDERSIGNED FURTHER AFFIRMATION THAT HE /SHE UNDERSTANDS THAT SURETYSHIP IS CREDIT, AND AUTHORIZES SURETY, OR IT'S AUTHORIZED AGENT, TO GATHER INFORMATION IT CONSIDERS NECESSARY FOR EVEALUATING WHETHER OR NOT CREDIT SHOULD BE GRANTED.

DATE: _____ COMPANY NAME: _____
BY: _____ TITLE: _____

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PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY# _____
RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS PHONE: _____
SPOUSE'S NAME: _____ SPOUSE'S SS# _____

NAME: _____ SOCIAL SECURITY # _____
RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ SPOUSE'S NAME: _____
SOCIAL SECURITY # _____ SPOUSE'S SS# _____

NAME: _____ SOCIAL SECURITY # _____
RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ SPOUSE'S NAME: _____
SOCIAL SECURITY # _____ SPOUSE'S SS# _____

PERSONAL BANKING

NAME OF BANK: _____ PHONE: _____
ADDRESS: _____
YEARS WITH BANK: _____ CONTACT: _____
ACCOUNT NUMBERS: _____
LINE OF CREDIT\$: _____ HOW MUCH AVAILABLE: _____
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ACCOUNTING

NAME OF FIRM: _____ PHONE: _____

ADDRESS: _____

WHOM TO CONTACT: _____ YEARS WITH FIRM: _____

FISCAL YEAR END IS: _____

PRIOR SURETY CREDIT

WHO WAS YOUR MOST RECENT BONDING CO.: _____

UNDERWRITER: _____ YEARS WITH COMPANY: _____

LARGEST SINGLE BOND AMOUNT: _____

REASON FOR CHANGING SURETY: _____

HAVE YOU POSTED COLLATERAL TO THE BONDING CO.: _____

IF YES DESCRIBE: _____

BOND CREDIT DEIRED: SINGLE \$ _____ AGGREGATE \$ _____

HAS ANY COMPANY EVER DECLINED TO FURNISH YOU A BOND: _____

IF YES DECRIBE: _____

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DATE: _____ NAME: _____

BY: _____

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FEE AGREEMENT

Principal:

The undersigned hereby understands that **J.R. Olsen Bonds & Insurance Brokers, Inc.** (hereinafter the "License") shall make every effort to secure, negotiate and procure the placement of Bond(s)/Insurance and to assist the undersigned in the preparation of any and all applications and other documentation for procurement of the Bond(s)/Insurance which the undersigned has requested.

As consideration for the above stated services by the Licensee, the undersigned agrees to pay the Licensee a fee in the amount of .5% to 10% of the bond amount, for the services that are involved in the preparation of any and all Bond(s)/Insurance services requested. Fees and premiums may earn interest. This undeclared income is non-refundable and fully earned as well as all fee charged.

In addition to performing the aforementioned services, the Licensee may also be acting on behalf of the insurer issuing the subject Bond(s)/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 (Broker/Agents shall comply with their applicable state regulations regarding Fees).

Please sign and return

**J.R. Olsen Bonds
& Insurance Brokers, Inc.**
7407 Topanga Canyon Blvd.
Canoga Park, CA 91303

Agreement Accepted

By: _____

Title: _____