

**PLEASE FAX COMPLETED APPLICATION TO: 650-341-8352, ATTN: CLB**  
**OREGON CONTRACTORS LICENSE BOND APPLICATION**

BUSINESS INFORMATION			
(COMPANY NAME (EXACTLY AS IT APPEARS ON BOND))		BUSINESS PHONE	BUSINESS FAX
		HOW LONG UNDER CURRENT OWNERSHIP? YRS. _____ MOS. _____	
DESCRIBE TYPE OF BUSINESS	LICENSE #	ON APPROVED CREDIT – SELECT BOND AMOUNT, TERM, AND PREMIUM	
	NUMBER OF YEARS EXPERIENCE	BOND AMOUNT	AMOUNT, TERM, AND PREMIUM
		\$15,000	1 YEAR
		\$10,000	2 YEARS
		\$5,000	3 YEARS
		<input type="checkbox"/> \$180	<input type="checkbox"/> \$275
		<input type="checkbox"/> \$130	<input type="checkbox"/> \$170
		<input type="checkbox"/> \$65	<input type="checkbox"/> \$90
COMPANY ADDRESS		CITY	STATE
		ZIP	CO TAX ID#
PREVIOUSLY OR CURRENTLY BOND WITH:	HOW LONG	BOND NO.	REASON FOR CHANGE
COMPANY IS A: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP		IF PARTNERSHIP OR CORPORATION, NUMBER OF PARTNERS OR STOCKHOLDERS	
<input type="checkbox"/> CORPORATION; DATE INCORPORATED: / /			

PERSONAL INFORMATION FOR APPLICANT, STOCKHOLDERS AND INDEMNITORS			
INDIVIDUAL'S NAME	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	DATE OF BIRTH	SOCIAL SECURITY NO.
			DRIVER'S LIC. NO./STATE
HOME ADDRESS	CITY	STATE	ZIP
		HOME PHONE	<input type="checkbox"/> OWN <input type="checkbox"/> HOUSE <input type="checkbox"/> RENT <input type="checkbox"/> APT.
			HOW LONG? _____ YEARS _____ MOS.
			MONTHLY PAYMENT \$

**INDEMNITY AGREEMENT – READ CAREFULLY AND SIGN**

IN CONSIDERATION of the execution of such bond, and in compliance with a promise of the undersigned made prior thereto, the undersigned individually hereby agree, for themselves, their personal representatives, successors and assigns, jointly and severally, as follows:

- To reimburse American Contractors Indemnity 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' and construction consultants' fees, for which Surety shall become liable or shall become contingently liable by reason of such suretyship, whether or not Surety shall have paid same at the time of demand; and
  - to pay Surety an advance premium for the first year or a fractional part thereof 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.
  - Upon written demand, to deposit with the Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety in its absolute discretion determines necessary and the deposit shall be pledged as collateral security on any bond or other bonds the Surety may have issued for the undersigned.
- Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles, California and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles, California.
- Surety is authorized to investigate, at any time, the undersigned's credit, employment history, and department of motor vehicle records.

Regardless of the date of signature, this indemnity is effective as of the date of execution and renewal 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).

IMPORTANT SIGNATURE INSTRUCTIONS
If sole owner, applicant must sign as duly authorized representative.
If a general partnership, an authorized partner must sign as duly authorized representative. All authorized partners must sign personal indemnity below.
If a corporation, the president must sign as the authorized representative. All stockholders of 10% or more must sign personal indemnity below.

Signed, sworn to and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Principal:

\_\_\_\_\_  
 Company Name (Exactly As It Appears On Bond) X \_\_\_\_\_ (As Officer and/or Individually)

Indemnitors:

X \_\_\_\_\_ X \_\_\_\_\_  
 (Indemnitor's Signature) (Print Name) (Indemnitor's Signature) (Print Name)

X \_\_\_\_\_ X \_\_\_\_\_  
 (Indemnitor's Signature) (Print Name) (Indemnitor's Signature) (Print Name)

Name <u>Druml Group Inc., dba Druml Bonding and Insurance Svcs</u>	Phone <u>(650) 341-8414</u>
Address <u>1135 Farragut Blvd</u>	Fax <u>(650) 341-8352</u>
City & Zip <u>Foster City, CA 94404</u>	HCCS Producer No. <u>10325</u>