BTIS USE ONLY Submission Number		AGENT USE ONLY Bond Number

Victory Bonds Program
Contractors License Bond Application

Business Name as Shown ***Exactly*** on Contractors License or License Application			
Applicant's Name			
Street Address			
City	State	ZIP	Requested Effective Date
Phone Number	Fax Number	Years in Business	$ Amount of Bond $12,000
Contractor License Number or Contractor License Application Fee Number			License Class
☐ Married ☐ Divorced ☐ Single ☐ Separated	Spouse's First Name Initial Last Name		Spouse's D.O.B.

If RME/RMO (Bond of Qualifying Individual) complete the following:

Name of Firm on License	Address	City	State	ZIP

Eligibility Questions - Please provide additional detail for "Yes" responses in the boxes provided below the questions.

1. Has any bond held by the applicant been cancelled for: 1) Non-payment of premium; or 2) failure to fully reimburse payment of a claim against a bond? ☐ Yes ☐ No

2. Has the applicant or any other business owned or controlled by the applicant filed bankruptcy in the past four (4) years? ☐ Yes ☐ No

3. Does the applicant hold a Roofing (C-39) or a Swimming Pool (C-53) classification? ☐ Yes ☐ No

INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN

The undersigned hereby declares the truth of the representations herein, and that they are made to induce NAVIGATORS INSURANCE COMPANY, to issue the Bond(s) applied for. The Undersigned agrees that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability whatsoever to the Undersigned. In consideration of the issuance of the Bond(s) herein applied for, or any Bond(s) in substitution for or in succession of the said Bond(s), or any increase or extension of time of the said Bond(s), the Undersigned hereby agrees: (1) To hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms and corporations in order to confirm and verify information referred to or listed herein; (2) To pay to the Surety the agreed premium upon execution of the Bond(s) and annually in advance thereafter; (3) To furnish the Surety with satisfactory and conclusive termination evidence that there is no further liability on the Bond(s); (4) To perform all the conditions of said Bond(s) and will indemnify and save the Surety harmless from all demands, losses, costs, damages and expenses, including attorney's and counsel fees deemed necessary by the Surety, which Surety may sustain or incur by reason of the issuance of such Bond(s), or obtaining a release of or evidence of termination under such Bond(s); (5) That the Surety shall have the exclusive right to adjust, settle or compromise any claim under such Bond(s) unless the Undersigned shall in writing request the Surety to litigate such claim and shall deposit immediately with the Surety collateral satisfactory to the Surety in kind and amount; (6) That the voucher or other evidence showing payment made by the Surety in good faith by reason of such Bond(s) or any renewal, extension or substitution thereof shall be conclusive and in any event prima facie evidence of such payment and the propriety thereof and of the liability of the Undersigned therefore to the Surety; (7) The Undersigned further agrees to reimburse the Surety for all expenses, counsel and attorney fees incurred by the Surety in enforcing any provision of this agreement: and (8) That this Agreement shall constitute a Security Agreement to the Surety and also a Financing Statement, both in accordance with the provisions of the Uniform Commercial Code of every jurisdiction wherein such Code is in effect and may be so used by the Surety without in any way abrogating, restricting or limiting the rights of the Surety under this Agreement or under law, or in equity. Regardless of the date this Indemnity Agreement is signed, it is effective as of the date of execution of the above mentioned Bond(s) pursuant to certain promises, and agreements made by the Undersigned.

☐ **Sole Proprietorship** ☐ **Partnership** *Requires 2 Partner Signatures* ☐ **Corporation** *President & 1 Officer (If applicable)* ☐ **RMO/RME (***Responsible Managing Officers/Responsible Managing Employees)* *Qualifying Individual & Officer*

Printed Name	Social Security Number	Drivers License Number	Date	Signature
				X
Printed Name	Social Security Number	Drivers License Number	Date	Signature
				X
Printed Name	Social Security Number	Drivers License Number	Date	Signature
				X

Venture Insurance Services

866-726-8442 phone
866-726-8443 fax

PO Box 469 Burbank, CA 91503

We can provide you a quote with an email submission but a signed application with payment will be needed to issue the bond.

Fax the form in or submit by email to obtain your quote.

Submit Information by Email