

Contractor's Exam Center, Inc.
3170 E. Sunset Road, Ste. B - Las Vegas, NV 89120
Phone: 702-949-7277, Fax: 702-949-7279, Toll Free: 866-747-7277

INSTANT ISSUE AND PDQ BOND APPLICATION

Please check one:	Partnership _____	Corp. _____	LLC _____	Sole Proprietorship _____
Name:	_____			
	Complete name as it appears on your license or as it is to appear on the bond			
Business Address:	_____			
	Street, City, State, Zip			
Business Phone: () _____				License # _____
Nature of Business: _____				Date Business Started: _____

Obligee Name: <u>Nevada State Contractor's Board</u>	Obligee Phone: <u>(702) 486-1100</u>
Obligee Address: <u>2310 Corporate Circle, Ste. 200, Henderson, NV 89074</u>	
Type of Bond: <u>Contractor's License Bond</u>	Requested Bond Term: <u>1 year</u>
Amount of Bond: _____	Requested Effective Date: _____
Bonds 25,000 and above will require cash verifications, business and personal financials.	
Has applicant or any owner ever had a claim against a bond?	<input type="checkbox"/> yes <input type="checkbox"/> no
Has applicant or any owner ever filed a bankruptcy?	<input type="checkbox"/> yes <input type="checkbox"/> no

Read Carefully and Sign Below (All Owners, Partners, and Stockholders Must Sign):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Indemnification Agreement – Read Carefully and Sign

The undersigned, and each of them, hereby declare that the above statements are true and correct. The undersigned, jointly and severally, and as individuals and authorized agents of the business identified above, agree to indemnify, defend and hold harmless Surety/Agent from and against any monetary loss due to, 1) a claim or demand against the bond, 2) legal and/or collection expenses incurred by Surety/Agent relating to any bond issued pursuant to this agreement, and 3) the undersigned's failure to indemnify Surety/Agent according to the terms hereof. At any time, Surety/Agent may demand from the undersigned a monetary sum not to exceed 125% of the principal amount of the bond to secure any actual or contingent liability or claim pertaining to the bond. The undersigned shall immediately provide Surety/Agent said sum and the Surety/Agent at its sole discretion and without the consent of the undersigned, may use said sum to pay or otherwise settle the liability or claim. No interest or other compensation shall be paid to the undersigned as a result of the foregoing. The undersigned agree and acknowledge that no legal action related to this Indemnity Agreement may be filed or maintained in any other location. In the event that Surety/Agent is awarded a judgment against the undersigned, it is agreed that the judgment shall include, in addition to all other damages awarded, a sum equal to twenty-five (25) percent of the principal amount of the bond issued pursuant to the above application and this agreement as liquidated damages for reimbursement of associated expenses to obtain said judgment. The undersigned authorizes Surety/Agent to obtain all credit information pertaining to the undersigned for any business purpose relating to this application and Agreement.

The undersigned agree that the first year's premium shall be fully earned by and paid to Surety/Agent upon issuance of requested bond.

Signed and dated this _____ day of _____, _____.

Print Name _____ % of ownership _____ Phone: _____

Sign _____ SS# _____

Residence Address: _____ Own Rent

ADDITIONAL OWNER

Print Name _____ % of ownership _____ Phone: _____

Sign _____ SS# _____

Residence Address: _____ Own Rent

FOR CORPORATIONS, President & Secretary need to sign below (Owners must still sign above)

President's Signature X _____ Attested by X _____

Surety: Platte River Insurance	Bond #	Producer# 19499
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