

# Contractor's Exam Center, Inc.

## Bond Application

5727 N 7th ST. Suite 100 Phoenix, AZ. 85014 Phone (602) 252-8311 or (800)-397-8312 Fax: 602-252-8456

Please check one: Corporation  LLC  Partnership  Individual

Name \_\_\_\_\_

(Complete name as it appears on your license or as it is to appear on the bond)

Business Address: \_\_\_\_\_

Business Phone(\_\_\_\_\_) \_\_\_\_\_ License or Permit Number \_\_\_\_\_

Obligee Name: \_\_\_\_\_

Type of Bond: \_\_\_\_\_ Requested Bond Term: \_\_\_\_\_

Amount of Bond: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

Has applicant or any owner ever had a claim against a bond or filed bankruptcy? \_\_\_\_\_

Are you married? \_\_\_\_\_ If yes both parties must sign below.

### 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. "On approval of credit".

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 \_\_\_\_\_, \_\_\_\_\_

X \_\_\_\_\_ % of ownership \_\_\_\_\_

Indemnitor's Signature

X \_\_\_\_\_

Spouse's Signature

\_\_\_\_\_  
Indemnitor's Name

\_\_\_\_\_  
Indemnitor's Social Security Number

\_\_\_\_\_  
Residence Address

City

State

Zip

X \_\_\_\_\_ % of ownership \_\_\_\_\_

Indemnitor's Signature

X \_\_\_\_\_

Spouse's Signature

\_\_\_\_\_  
Indemnitor's Name

\_\_\_\_\_  
Indemnitor's Social Security Number

\_\_\_\_\_  
Residence Address

City

State

Zip

**Mail completed original application and check payable to CEC, or complete below to pay by card:**

MC/Visa/Amex/ATM# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorizing Signature X \_\_\_\_\_