

# OREGON CONTRACTOR LICENSE BOND

## "SEE RATES AND QUALIFICATIONS ON PAGE 3"o

Individual   
Partnership   
Corporation

Applicant (For partnership, give full names of Partner,; and trade names) Please print		Social Security #	Age	Married <input type="checkbox"/> Single <input type="checkbox"/>
Residence Address (Street and Number) (City) (State) (zip)				
Business Address (Street and Number) (City) (State) (zip)				
Occupation or business	How long so engaged?	Previous Surety <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and reason for change.		
Type of Bond <b>Oregon Contractor License Bond</b>	Amount of Bond \$	Effective Date		

FINANCIAL STATEMENT as of \_\_\_\_\_  
Check applicable section on the reverse side to see whether a financial statement is necessary.  
Check one:  Business Financial Statement  Personal Financial Statement

ASSETS		LIABILITIES	
Cash (List Banks) _____		Accounts Payable _____	
Stocks + Bonds - Describe _____		Taxes due & accrued _____	
Notes Receivable - Describe _____		Notes Payable to Bank _____	
Merchandise or Material in Stock _____		Notes Payable to Others (Describe) _____	
Accounts Receivable _____		Mortgage on Real Estate _____	
Real Estate, Homestead _____		Mortgage on Real Estate _____	
Real Estate, Investment _____		Other Liabilities - Describe _____	
Furniture and Fixtures _____		TOTAL LIABILITIES	
Other Assets - Describe _____		Capital Stock (Paid in) _____	
TOTAL ASSETS		NET WORTH OR SURPLUS	
		TOTAL Liabilities and Net Worth	

Gross Sales Two Years Ago \_\_\_\_\_ Last Year \_\_\_\_\_ Net Income Two Years Ago \_\_\_\_\_ Last Year \_\_\_\_\_

### INDEMNITY

The undersigned applicant and indemnitors hereby request Western Surety Company (the "Company") to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information and, to obtain additional information from any source, and jointly and severally agree:

- To pay the usual premiums, including renewal premiums, to the Company or its agents, when due.
- To completely INDEMNIFY the Company from and against any liability, loss, cost, attorney's fees and expenses whatsoever which the Company shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for applicant, (it for the enforcement of this agreement, or in obtaining a release or evidence of termination under such bonds; regardless of whether such liability, loss, costs, damages, attorneys' fees and expenses are caused, or alleged to be caused, by the negligence of the Company,
- To furnish the Company " with satisfactory and conclusive termination evidence that there is no further liability on this bond or any other bond issued for applicant.
- Upon Demand by the company for any reason whatsoever, to deposit current funds with the company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship,
- That the Company shall have the right to handle or settle any claim or suit in good faith. An itemized statement of loss and expense incurred by the company, sworn to by an officer of the company shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company),
- That the Company may decline to become surety on any bond and may cancel or amend any bond, without cause, and, without any liability which might arise therefrom.
- That the Company shall, without notice, have the right to alter the penalty terms, and conditions of any bond issued for undersigned, and this agreement shall apply to any such altered bond.
- that if a contract or performance bond is issued hereunder, the undersigned hereby assign to the company, any monies now due or hereafter becoming due under the contract, including all deterrred payments and retained percentage, supplies, tools, plants, equipment and materials due or used on the contract, and
- At the Company's discretion, this indemnity agreement shall be governed in all respects by the laws of the State of South Dakota and the undersigned applicant and indemnitors consent to the jurisdiction of the court, of the State of South Dakota and the United States District Court for the District of South Dakota in all actions or proceedings arising from or relating to this indemnity, agreement.
- That this indemnify may be canceled as to subsequent liability by an indemnitor upon written notice to the Company at Sioux, Fall., South Dakota 57102. effective ten (10) days after the earliest date thereafter upon which the Company could have canceled all bonds in force for applicant.
- In the event of are payment he the Company, to pay the Company interest on such

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Agency	<b>Ralf Rigo Agency</b>		
Address	<b>1937 Teall Ave.</b>		
	Street		
<b>Syracuse</b>	<b>NY</b>	<b>13206</b>	
	City	State	Zip
Agent's Code	<b>31</b>	<b>17458</b>	

Note: Personal indemnitors should sign their names and add the word "indemnitor" in their own handwriting.

AGENT: Check here if this correspondence was previously faxed

**Please type or print this application clearly to avoid errors and speed up delivery of your bond**

**Bond acceptability is subject to a credit check and may require additional information that could delay delivery time. We will contact you and advise as soon as this is completed. If there is a credit problem, other options may be available.**

**Bond applications are processed same day if received by noon.  
Applications and checks may be faxed for faster service. Please feel free to call us for any questions at:**

**Phone (800) 331-5453 or (315) 437-4283  
Fax (315) 437-4508**

**Faster delivery is available by your choice of carrier and appropriate postage**

### **CREDIT CARD PAYMENTS**

**(Complete only after bond is approved and you have decided to order)**

**Please charge my credit card**

**VISA [ ]    Master Card [ ]**

**Card# \_\_\_\_\_ Exp.Date: \_\_\_/\_\_\_/\_\_\_**

**Name on Card \_\_\_\_\_**

**Overnight US Mail \$25 [ ]**

**US Priority Mail \$4 [ ]**

**Total\$ \_\_\_\_\_**

**Signed \_\_\_\_\_**

P.S. Thank you for taking an interest in our insurance programs. Our experienced staff will do their best to make your experience with us a pleasant one. Also please keep in mind that we offer **license and other bonds** for many different needs in many states. Please feel free to check our web site:

[www.bondsexpress.com](http://www.bondsexpress.com)

Sincerely,

*Ralf Rigo*