



WASHINGTON CO-INDEMNITOR LICENSE AND MISCELLANEOUS BOND APPLICATION

Contractors Bonding & Insurance Company
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FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of benefits.

INSTRUCTIONS: 1. This is a binding legal document. Please read the document before signing.
 2. Please print. Make sure all blanks are filled in and all signatures, including spouse's, are correctly signed.

Company Name (same as on bond(s))						Date		
Co-Indemnitor's Name: Last			First	Middle Initial	Date of Birth	Social Security #	Home Phone # ()	
Spouse's Name: Last			First	Middle Initial	Spouse's Date of Birth	Spouse's Soc. Sec. #	Check box if not married <input type="checkbox"/>	
Home Address				City	State	Zip Code	How Long? ____Yrs ____Mos.	
					Own <input type="checkbox"/> Apt <input type="checkbox"/> Buying <input type="checkbox"/> House <input type="checkbox"/> Renting <input type="checkbox"/>		Monthly Rental Payment \$	
Landlord or Real Property Lender			Address			City	State	Zip Code
Date Purchased	Purchase Price \$	Current Market Value \$		Present Loan Balance \$		Monthly Payment \$		
Other Real Estate Owned - Address						City	State	Zip Code
Date Purchased	Purchase Price \$	Current Market Value \$		Present Loan Balance \$		Monthly Payment \$		
Previous Address				City	State	Zip Code	How Long? ____Yrs ____Mos.	
					Own <input type="checkbox"/> Apt <input type="checkbox"/> Buying <input type="checkbox"/> House <input type="checkbox"/> Renting <input type="checkbox"/>			
Co-Indemnitor's Employer					Work Phone # ()		Length of Employment ____Yrs ____Mos.	
Co-Indemnitor's Employer's Address					City	State	Zip Code	Monthly Income \$
Spouse's Employer					Work Phone # ()		Length of Employment ____Yrs ____Mos.	
Spouse's Employer's Address					City	State	Zip Code	Monthly Income \$
Automobile:	Year	Make	License Number		State Licensed In	Financed By	Amount Now Owning \$	
Bank			Branch		Checking Acct. # _____ Balance \$ _____		Savings Acct. # _____ Balance \$ _____	
Bank's Address						City	State	Zip Code
Ever Declare Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ever Failed in Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Nearest Living Relative		Address			City	State	Zip Code	Relationship

IMPORTANT: READ AND SIGN REVERSE SIDE INDEMNIFICATION AGREEMENT

INDEMNIFICATION AGREEMENT - READ CAREFULLY

I agree to indemnify Contractors Bonding and Insurance Company (hereinafter "SURETY") as hereinafter provided in connection with any BOND executed on behalf of the company named on the reverse, _____ ("PRINCIPAL") or any other person or entity defined as PRINCIPAL or RELATED PERSON herein. I understand that SURETY is relying on my indemnity, and without my indemnity SURETY would not issue any BOND for PRINCIPAL or a RELATED PERSON. I certify that all the information provided is true, is given to induce SURETY to issue any BOND, and understand that SURETY is relying thereon. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize SURETY or its agents to investigate my credit, now and at any time in the future, with any creditor, supplier, customer, financial institution or other person, or entity. Authorization is hereby granted to any of the aforementioned, now and at any time in the future, to release information to SURETY pertaining to my credit. I further agree:

1. As used in this agreement:
 - (a) LOSS means any payment or expense either incurred or anticipated by SURETY in connection with any BOND or this agreement, including but not limited to: payment of bond proceeds or any other expense in connection with claims, potential claims, or demands; claim fees; penalties; interest; court costs; collection agency fees; costs related to taking, protecting, administering, realizing upon or releasing collateral; and attorneys' fees (including but not limited to those incurred in defense of BOND claims or in pursuing any rights of indemnification or subrogation and in obtaining and enforcing any judgment arising from those rights).
 - (b) PRINCIPAL means the individual, partnership, joint venture, corporation or other entity in whose or which name any BOND is executed upon my request or the request of PRINCIPAL or any RELATED PERSON.
 - (c) RELATED PERSON means any individual, partnership, joint venture, corporation or other entity that: signs SURETY'S indemnity agreement; or is related to me and/or PRINCIPAL; or is a partner or officer or director or stockholder of me and/or PRINCIPAL and/or any entity of which I am or PRINCIPAL is a partner, officer, director or stockholder; or indirectly, through one or more intermediaries, controls, or is controlled by, or is under common control with me and/or PRINCIPAL.
 - (d) BOND means (i) any surety bond, undertaking, or other express or implied obligation of guaranty or suretyship, signed or committed to by SURETY at the request of PRINCIPAL, or any RELATED PERSON(S) (regardless of what business entity is named on the BOND), on, before, or after the date of this agreement pursuant to which SURETY is or may be made liable for LOSS, whether or not PRINCIPAL is also liable, and (ii) all riders, endorsements, continuations, renewals, substitutions, modifications, extensions, replacements and reinstatements thereto; and changes in the penal sum thereto.
2. I, individually, and jointly and severally with PRINCIPAL and all other RELATED PERSON(S), agree to hold SURETY harmless from all LOSS and to pay back or reimburse SURETY for all LOSS.
3. All LOSS will be payable to SURETY regardless of whether or not: (a) Suit or other action is actually filed or commenced on a claim brought against any BOND or to enforce this agreement; (b) SURETY elects to defend itself, PRINCIPAL or any RELATED PERSON against any claim brought against any BOND; (c) anyone defends against any claim brought against any BOND; or (d) SURETY has paid or will pay any claim brought against any BOND or any LOSS.
4. Upon demand by SURETY, I shall pay to SURETY each annual premium for such suretyship, according to the rates in effect when each payment is due, until satisfactory evidence of termination of SURETY'S liability is furnished to SURETY. Premium shall be fully earned upon execution of the original BOND, and upon the renewal or annual anniversary date (in the case of multiple year BONDS) of such BOND.
5. I agree that a facsimile copy of this agreement shall be considered an original and shall be admissible in a court of law to the same extent as the original agreement.
6. I agree to provide adequate collateral to SURETY in the event that SURETY is required or deems it necessary to establish a reserve for LOSS for any BOND. The reserve for LOSS may vary from time to time as SURETY deems necessary to protect itself from LOSS. Cash collateral equal to the reserve for LOSS shall be adequate. Other collateral shall be adequate if the net equity value of the collateral is equal to 166% of the reserve for LOSS and the collateral is otherwise acceptable to SURETY. SURETY may insist upon cash collateral. Collateral may be held by SURETY until SURETY has determined that it is no longer exposed to LOSS as a matter of law, and SURETY may retain or sell collateral to reimburse itself for LOSS. Specific performance of this paragraph shall be a remedy available to SURETY, and all procedures for executing on judgments may be used to enforce SURETY'S decree(s) of specific performance. In the event that SURETY suffers a LOSS, prior to being provided with collateral, SURETY may enforce any decree of specific performance, up to the amount of such decree, as a money judgment (in addition to any other judgments) to reimburse itself for such LOSS without further notice or motion.
7. SURETY shall have the exclusive right to determine whether any claim or suit shall, on the basis of liability, expediency or otherwise, be paid, compromised, defended or appealed. This right shall include the right, but not the obligation, to appear in any suit for and on behalf of PRINCIPAL, myself or any RELATED PARTY. It is agreed and understood that it remains my responsibility to defend my own interests.
8. An itemized statement of LOSS by SURETY, sworn to by its representative, shall be prima facie evidence of the fact and the extent of such LOSS.
9. No action or inaction of SURETY (including, but not limited to the release of any indemnity, collateral, or failure to perfect any security interest) with respect to anyone other than me shall relieve me of any of my obligations hereunder.
10. I shall give SURETY prompt notice of any facts which might give rise to any claims against any BOND.
11. I waive any and all right to claim any property, including homestead, as exempt from legal process against the rights of SURETY.
12. SURETY shall have every right, defense or remedy which a personal surety without compensation would have, including the rights of exoneration and subrogation.
13. SURETY may furnish in confidence copies of any information, which it now has or may hereafter obtain concerning me or any RELATED PERSON, to others for the purpose of procuring co-suretyship, reinsurance, substitution or for other legitimate business reasons.
14. I shall not be relieved from liability hereunder because of the status, condition or situation of any other RELATED PERSON.
15. I assume the responsibility for being and keeping informed of the financial condition of the PRINCIPAL and/or any RELATED PERSON, and confirm that SURETY shall have no duty to advise me of any information regarding such condition or any such circumstances whether or not materially adverse.
16. I hereby waive any applicable statute of limitation for bringing any action under this Indemnity Agreement.
17. I agree that CBIC can bring any legal action arising out of or in any way related to any Bond or this agreement in King County, Washington, and that Washington law shall apply where CBIC makes such election.
18. Execution by me, PRINCIPAL or any RELATED PERSON of any application for any BOND or of any other agreement of indemnity on behalf of me, PRINCIPAL or any RELATED PERSON, or the taking of indemnity of any other person by SURETY with regard to any BOND of mine, PRINCIPAL or any RELATED PERSON, shall in no way be deemed to waive, diminish or abrogate any rights of SURETY under this agreement.
19. I CANNOT TERMINATE my LIABILITY to SURETY created by this agreement except by sending a written notice of intent to terminate to SURETY. Written notice of intent to terminate shall be sent to SURETY at its home office, 1213 Valley Street, P.O. Box 9271, Seattle, WA 98109-0271. Termination will be effective thirty working days after actual receipt of such notice by SURETY, but only for BONDS signed or committed to by SURETY after the effective date. Thus, I agree that I will REMAIN LIABLE to SURETY for LOSS on BONDS SIGNED OR COMMITTED TO BY SURETY PRIOR TO THE EFFECTIVE DATE OF TERMINATION.
20. This agreement: shall be in addition to, not in limitation of, SURETY'S rights at law and equity; shall inure to the benefit of and bind the parties hereto and their respective legal representatives, successors and assigns, and SURETY'S co-sureties and reinsurers; contains the entire agreement of the parties with respect to the matters set forth herein; and can be changed, modified or discharged only by the written consent of all parties. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision. No missing signature shall invalidate this agreement. SURETY shall have the right to fill in any blanks left herein and to correct any errors in filling in any blanks herein. I waive notice of default.

SIGNATURES/NOTARY ACKNOWLEDGEMENT INSTRUCTIONS: 1. All Co-indemnitors sign below. 2. All spouses of Co-indemnitors sign below. 3. Have all signatures notarized.

Co-Indemnitor's Signature			Co-Indemnitor's Spouse's Signature		
Co-Indemnitor's Name (Print)			Co-Indemnitor's Spouse's Name (Print)		
Soc. Sec. No.	Date of Birth	Driv. Lic. No.	Spouse's Soc. Sec. No.	Date of Birth	Driv. Lic. No.
State of _____		}	ss. I certify that I know or have satisfactory evidence that _____ Name of Individual(s)		
County of _____					
is/are the individual(s) who appeared before me and said individual(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.					
Dated:	Notary Public:	In and for the state of:	Residing at:	My Appointment Expires:	