



# J&C CORBETT INSURANCE SERVICES, INC.

WWW.CORBETT-INSURANCE.COM

609 COURT STREET  
800 400-1125

WOODLAND, CA 95695  
530 419-2000

Lic No.: OD34028  
FAX: 530 419-2019

## \$12,500 CALIFORNIA ROOFING CONTRACTOR'S BOND APPLICATION

*"A" Excellent Rated • California Admitted • Free Bond I.D. Card*

BOND PREMIUM	
<input type="checkbox"/>	<b>1 YEAR .....\$125</b>
Price expires 12/31/2010.	

### PLEASE FILL IN COMPLETELY

#### COMPLETE EXACTLY AS IT APPEARS ON LICENSE BOARD RECORDS:

<b>1</b>	Business Name on License:
	Mailing Address:
	City: _____ State: _____ Zip: _____
	Email: _____ Date Bond to Take Effect: ____/____/____
	Phone: Home (____) _____ Work (____) _____ Fax (____) _____
	License Class: <b>C-39</b> App Fee No./License No.: _____ <input type="checkbox"/> Check if License No. Pending
<b>2</b>	<input type="checkbox"/> Check ONLY if you want the bond returned to you for filing with CSLB. Otherwise, we will file it for you.

**Bond issuance subject to underwriter/carrier approval. Prices apply only to roofing contractors.**

#### INDEMNIFICATION AGREEMENT (Please read carefully and sign below.)

I/We the undersigned hereby declare that the above information is true and correct. I/We apply to the Surety for a Bond as shown above. I/We agree individually and as a firm to fully indemnify and hold Surety harmless from and against any claims or demands or legal expense of any kind or nature which arise by reason of the execution of any bond issued pursuant to this application. At any time Surety/Agent may demand from the undersigned a monetary sum to secure any actual or contingent liability or claim pertaining to the bond. I/We further understand that the bond applied for is a credit relationship and hereby authorize Surety or its authorized agents to gather such credit information it considers necessary and appropriate for purposes of evaluating whether such credit should be granted or continued. Each of the undersigned, jointly and severally, agree to be bound by the terms of the foregoing Indemnity Agreement, as fully as though each of the undersigned were the sole applicant named herein. First year premium fully earned upon issuance. I agree to pay a \$10.00 service fee if my check is returned by the bank. (A Facsimile and/or scanned copy of this agreement shall be treated as an original for all purposes.)

<b>3</b>	Check One: <input type="checkbox"/> <b>Sole Ownership</b> Applicant must fill in below.	<input type="checkbox"/> <b>Partnership</b> Each partner must fill in.	<input type="checkbox"/> <b>Corporation</b> President and 1 officer, if applicable.	<input type="checkbox"/> <b>RME/RMO*</b> See #3 on reverse side.
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Clearly Print:	Full Name _____	Social Security No. _____	Signature _____
_____			
_____			

<b>4</b>	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover/Novus <input type="checkbox"/> Check (to J&C Corbett Insurance Services, Inc.)
	Card #: _____ Exp. Date _____
	Billing Address: _____
	City/State/Zip: _____

**All roofing contractors are required to have Workers' Compensation Insurance. Please complete the following application if you would like a free quote.**

# INSTRUCTIONS

For faster service fax to: 530-419-2019

- ① Fill in this section completely.  
List your primary and then all secondary classifications under **License Class**.  
For **Date Bond to Take Effect**, write in date of your choice or leave blank and we will use the date the bond is processed.
- ② Most applicants want us to file the bond with the CSLB. (We will mail you a confirming copy.) Check this box only if you want us to mail the bond to you so you can mail it to the CSLB yourself. Send the *original*, not a copy, to the CSLB. **We must have an application fee number or license number in order to file the bond with the CSLB.**
- ③ Check the type of business you listed on your license application. You may not change the type of business unless you file a new application.  
SOLE OWNERSHIP: The owner fills in the section. List the title as "Owner."  
PARTNERSHIP: Two authorized partners must fill in the section.  
CORPORATION: President and one other officer, if applicable, must sign for the corporation and as individual indemnitors.  
\*RESPONSIBLE MANAGING OFFICERS (RMOs) and RESPONSIBLE MANAGING EMPLOYEES (RMEs): An additional bond may be required for an RMO or RME. Please call us for a free consultation.
- ④ Fill in your payment information. If paying by credit card, be sure to include your billing address. If paying by check, make payable to "J&C Corbett Insurance Services, Inc."

BONDS ARE DELIVERED TO THE CONTRACTORS STATE LICENSE BOARD (CSLB) HEADQUARTERS.  
WE WILL SEND YOU A COPY OF YOUR BOND AND A POCKET BOND  
I.D. CARD AT NO EXTRA CHARGE.

## *ASK ABOUT OUR OTHER PRODUCTS:*

General Liability    Workers' Comp    Commercial Auto  
Builders' Risk        Tools & Equipment, etc.

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