



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 SWIMMING POOL CONTRACTOR'S BOND

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

1

CHOOSE ONE:

- 2 YEARS** **\$363**
- 3 YEARS** **\$544**

Prices expire 12/31/2010.

PLEASE FILL IN COMPLETELY • TYPE OR PRINT CLEARLY

2

COMPLETE EXACTLY AS IT APPEARS ON LICENSE BOARD RECORDS:

Business Name on License:		
Mailing Address:		
City:	State:	Zip:
Email:	Date Bond to Take Effect: / /	
Phone: Home ()	Work ()	Fax ()
App Fee No./License No.:		<input type="checkbox"/> Check if License No. Pending

3

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 approval. Prices do not apply to Disciplinary bonds.

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.)

4

Check One: **Sole Ownership** **Partnership** **Corporation** **RME/RMO***
 Applicant must fill in below. Each partner must fill in. All officers must fill in. See reverse, number 4.

Clearly Print: **Full Name** **Social Security No.** **Signature**

5

Method of Payment: Visa MasterCard American Express Discover/Novus Check (to J&C Corbett Insurance Services, Inc.)

Card #: _____ Exp. Date _____

Billing Address: _____

City/State/Zip: _____

6

PLEASE COMPLETE THE FINANCIAL STATEMENT

FINANCIAL STATEMENT REQUIRED

6

CONFIDENTIAL CREDIT INFORMATION

<p>For bonds required of BUSINESSES:</p> <p>Principal owners, shareholders, or officers:</p> <p>_____</p> <p>_____</p> <p>Nature of business _____</p> <p>Date business established _____</p> <p>If business is new, summarize business experience of applicant or of principals _____</p> <p>_____</p> <p>_____</p> <p>Name and branch of bank: _____</p> <p>Bank balance \$ _____ Line of Credit \$ _____</p>	<p>For bonds required of INDIVIDUALS:</p> <p>Residence address:</p> <p>_____</p> <p style="text-align: center; font-size: small;">(Number and street)</p> <p>_____ How Long? _____</p> <p style="text-align: center; font-size: small;">(City, state, ZIP)</p> <p>Age _____ Occupation _____</p> <p>Employer _____</p> <p>Annual salary \$ _____ Other income \$ _____</p> <p>Name and branch of bank: _____</p> <p>_____</p> <p>Bank balance \$ _____ Loan Amount \$ _____</p> <p>Real estate owned \$ _____ Mortgage \$ _____</p> <p>Securities owned \$ _____ Encumbrance \$ _____</p>
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FINANCIAL STATEMENT As of _____

Financial statements, when required, need not be on this form. The space below is for the convenience of those who do not have signed copies of current financial statements readily available on other forms

ASSETS	Dollars	Cents	LIABILITIES	Dollars	Cents
Cash on Hand			Accounts Payable		
Cash in Bank (Name and address of Bank)			Notes Payable — Unsecured:		
Accounts Receivable			Banks		
Merchandise at cost (not on consignment)			Partners of officers		
Other (Describe)			Other		
.....			Notes Payable — Secured:		
.....			Owing to		
TOTAL CURRENT ASSETS			Taxes Payable and other expense		
Land and Buildings (Depreciated Value)			Other Current Liabilities (Describe)		
Machinery, Fixture and Equipment		
(Depreciated Value)			TOTAL CURRENT LIABILITIES		
Due from Others - Not Current (Describe)			Liens or Chattel Mortgages on Equipment		
.....			Mortgages on Real Estate		
.....			Other Liabilities (Describe)		
Other Assets (describe)			TOTAL LIABILITIES		
.....			Net Worth { Capital \$		
TOTAL ASSETS			Surplus \$		
			TOTAL LIABILITIES AND NET WORTH		
<p>Net sales \$ _____ Gross Profit \$ _____ Expenses \$ _____ Net profit \$ _____ Drawings \$ _____</p>					



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P.O. Box 929
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DAVIS, CA 95617-0929
530 419-2000

Lic No.: OD34028
FAX: 530 419-2019

INSTRUCTIONS

For faster service fax to: 530-419-2019

- ① Check whether you want a two- or three-year bond.
- ② 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.
- ③ 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.
- ④ 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.
- ⑤ Fill in your payment information. If paying by credit card, be sure to include the billing address. If paying by check, make payable to "J&C Corbett Insurance Services, Inc."
- ⑥ Fill in the information requested in the FINANCIAL STATEMENT.

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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