

**V. SPINO BONDING SERVICE**  
*and*  
**LMI Notary Service**  
**ALL TYPES OF CIVIL BONDS**  
**208 James Street, Suite B**  
**Seattle, WA 98104**

GUARDIANSHIP  
ADMINISTRATOR  
NOTARY  
SHERIFFS INDEMNITY  
LICENSE BONDS  
CONTRACTOR  
PERFORMANCE

TERRY L. ROBINSON  
  
(206)622-2643  
(800)886-5299  
FAX(206)628-4690  
E-Mail [webondu@yahoo.com](mailto:webondu@yahoo.com)  
[www.webondu.com](http://www.webondu.com)

**COURT BOND INFORMATION SHEET**

- \* Principals must always have an attorney of record.
- \* Please include contact telephone number on all applications.
- \* If the applicant is a corporation, please prepare a financial statement or attach a copy of a financial statement for the corporation. You may request a financial statement form from our office if one is not attached. Use the **underwriting information** section of the **Court Bond Application** for the financial statement for the personal applicant/indemnitor. In most cases involving corporations as indemnitors, it is usually required that there be a personal indemnitor as well.
- \* If the applicant, and/or indemnitor is married, their spouse must also sign as indemnitor. This is because Washington is a community property state.
- \* Please include the applicant's Social Security number on the application.
- \* All bonds **\$5000.00 and over** require a financial statement completed by the individual indemnitor(s). You may request a financial statement form from our office if one is not attached.
- \* Please submit court documentation explaining the background of the litigation, and the order requiring the bond. If other documents are pertinent to the case, such as non-compete agreements or contracts being enforced, please submit copies.
- \* If complete information is not submitted, approval of the bond may be delayed. If the application is not completed properly, a new application may need to be completed.
- \* If at any time you have any questions pertaining to this or any other bond, please call V. SPINO BONDING SERVICE at: (206) 622-2643. Thank you for your business.

Court.doc Revised 2/01

**Licensed in Washington, Alaska, Oregon, Idaho, Montana, Nevada, North Dakota, Kansas  
and Indiana**

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## COURT BOND APPLICATION

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.

Address		City		State	Zip Code
<b>1. BOND INFORMATION</b>	Type of Bond (Attach Bond Form If Available)			Amount: \$	Effective Date
<b>2. CASE INFORMATION</b>	Court		State	County	
Cause No.	State Code No. (If Applicable)		<i>Attach copy of Complaint/Judgement or details of litigation.</i>		
Plaintiff(s) <input type="checkbox"/> Principal					
Defendant(s) <input type="checkbox"/> Principal					
Attorney		Firm			Phone # ( )
Address		City		State	Zip Code
<b>3. UNDERWRITING INFORMATION*</b>	Principal's Address			Federal ID/Social Security No.	
Business/Home Phone # ( )	Occupation or Nature of Business			How Long in Present Business?	
Spouse's Name		Soc. Sec #		Date of Birth	
Spouse's Employer		Employer Phone # ( )		Length of Employment	Monthly Income \$
Financial Information:	Real Estate Equity \$	Revenue \$	Net Profit \$		
Ever Declared 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	Are You the Trustee, Trustor or Beneficiary of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch of Personal Bank Account	Phone # ( )	Checking Acct. # _____ Savings Acct. # _____		Balance: \$ _____ Balance: \$ _____	
Branch of Business Bank Account	Phone # ( )	Checking Acct. # _____ Savings Acct. # _____		Balance: \$ _____ Balance: \$ _____	
Company Name	Business is: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation <input type="checkbox"/> LLC	Date Formed (Corporation or LLC)	# of Owners, Partners or Members

AppSPHY.01-US042799

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### LICENSE & MISCELLANEOUS BOND APPLICATION INFORMATION

\* Please include a contact telephone number and an applicant's Social Security number on the application.

\* For license bonds, in the space for "applicant", please put the name of the applicant and specify exactly the way you want the business name to read on your license (John Smith dba Smith Construction).

\* If the applicant is a corporation, please prepare a financial statement or attach a copy of a financial statement for the corporation. You may request a financial statement form from our office if one is not attached. Use the **personal information** section of the **License & Miscellaneous Bond Application** for the financial statement for the personal applicant/indemnitor. Bonds almost always require a personal indemnification in addition to a corporate indemnification.

\* All bonds **\$5000.00 and over** require a financial statement completed by the individual indemnitor(s). You may request a financial statement form from our office if one is not attached.

\* The application form serves the surety as an indemnification agreement as well as a bond application. If the applicant and/or indemnitor is married, the spouse must also sign as indemnitor.

\* Co-signers are not usually allowed unless they are directly involved with the business.

\* Payment for all bonds is due at the time the bond is issued. License bonds are annually renewable and will be billed prior to their renewal date. Money received with the application does not constitute bond approval and will be held pending processing.

\* If you have any questions concerning this application for a bond, or any bond, please call V. SPINO BONDING SERVICE, at: (206) 622-2643. Thank you for your business.

License.doc

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Address				City		State		Zip Code	
<b>1. BOND INFORMATION</b>	Type of Bond (Attach Bond Form)			Contractors License Bond ONLY <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year				Amount \$	Effective Date / /
<b>2. BUSINESS INFORMATION</b>	Company Name (Must be exactly as it is to appear on bond)				Business License #			Year Licensed in WA	
Company Address				City		State		Zip Code	Business Phone # ( )
Nature of Business		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		Date Formed (Corporation or LLC) / /		# of Owners, Partners or Members _____		How Long in Business? _____	
Annual Business Income \$		Annual Other Income \$		Previous Bonding Company					
Reason for Changing Bonding Company									
<b>3. PERSONAL INFORMATION</b>	Individual's Name				Social Security #			Date of Birth / /	
Spouse's Name				Social Security #			Date of Birth / /		
Spouse's Employer			Employer Phone # ( )		Length of Employment		Monthly Income \$		
Residence Address				City		State	Zip Code	Residence Phone ( )	How Long at Residence? Yrs./Mos. _____
Previous Residence Address				City		State	Zip Code	How Long at Previous Residence? Yrs./Mos. _____	
<input type="checkbox"/> Own <input type="checkbox"/> Renting <input type="checkbox"/> Apt. <input type="checkbox"/> Buying	<input type="checkbox"/> House	Monthly Payment \$	Residence Mortgage Holder		Purchase Date / /	Purchase Price \$	Current Mkt. Value \$	Loan Balance(s) \$	
Are You the Trustee, Trustor or Beneficiary of any Trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever Declared 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
Bank (Personal Account)		Phone # ( )		Checking Acct. # _____		Savings Acct. # _____		Balance \$ _____ Balance \$ _____	
Nearest Relative/Relationship		Address			City	State	Zip Code	Phone # ( )	



## INDEMNIFICATION AGREEMENT

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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.

**IMPORTANT! Signature Instructions** - The individual who completes this form must also sign the indemnity agreement below. If married, spouse must also sign; however, no missing signature shall invalidate this agreement. **Sole Proprietorship** - Owner must sign below. If married, spouse must also sign. **Partnership** - Partners are signing as authorized agents of the partnership and as individually liable indemnitors. If married, spouse must also sign. **Corporation or LLC** - If corporate officer or LLC member or manager signs indicating his or her LLC capacity, it is nonetheless specifically understood that such individual is signing in his or her corporate or LLC capacity and as an individually liable indemnitor. If married, spouse must also sign. **Complete a separate application for each owner, partner, stockholder or LLC member.**

I request that Contractors Bonding and Insurance Company ("CBIC") execute a Bond and consider executing future Bonds for (Individual/Company Name) \_\_\_\_\_ † ("Principal"). I authorize CBIC or its agents to investigate my credit and Principal's 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 CBIC pertaining to credit. I make the following promises so that CBIC will execute a Bond and consider executing future Bonds:

1. I agree that the following definitions apply: (a) Bond means (i) any surety bond, undertaking, or other express or implied obligation of guaranty or suretyship, signed or committed to by CBIC at the request of Principal, or any of the indemnitors (regardless of what business entity is named on the Bond), on, before, or after the date of this agreement pursuant to which CBIC 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; and (b) Loss means any payment or expense either incurred or anticipated by CBIC 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 pursuing any rights of indemnification or subrogation and in obtaining and enforcing any judgment arising from those rights).
2. I, individually, and jointly and severally with Principal and all other indemnitors, agree to hold CBIC harmless from all Loss and to pay back or reimburse CBIC for all Loss.
3. I agree to provide adequate collateral to CBIC in the event that CBIC 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 CBIC 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 CBIC. CBIC may insist upon cash collateral. Collateral may be held by CBIC until CBIC has determined it is no longer exposed to Loss as a matter of law, and CBIC may retain or sell collateral to reimburse itself for Loss. Specific performance of this paragraph shall be a remedy available to CBIC, and all procedures for executing on judgments may be used to enforce CBIC's decree(s) of specific performance. In the event that CBIC suffers a Loss, prior to being provided with collateral, CBIC 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.
4. I agree to pay to CBIC each annual premium due according to the rates in effect when each payment is due. I agree that premium for a Bond is fully earned upon execution of a Bond and is not refundable.
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 that CBIC may obtain a release from its obligations as surety on a Bond whenever any such release is authorized by law.
7. Unless a Bond specifically states (i) that it cannot be cancelled, or (ii) the manner in which notice of cancellation must be given, CBIC may cancel a Bond by mailing a notice of cancellation in the regular U.S. Mails to the obligee and to Principal, or Principal's representative, at the latest address provided to CBIC, and I agree to accept service of notice in such manner. I designate my insurance agent as my representative and Principal's representative for such service. Unless a Bond, statute or lawful governmental regulation specifically provides otherwise, cancellation shall be effective 30 days after CBIC deposits the requisite notice of cancellation in the U.S. Mails. I WAIVE ANY CLAIM AGAINST CBIC FOR DAMAGES which I may suffer as a result of cancellation of a Bond or any release from any obligation of CBIC on any Bond.
8. I agree that CBIC has the exclusive right to decide whether to pay, compromise, defend, or appeal any claim against a Bond.
9. I agree that I CANNOT TERMINATE my LIABILITY to CBIC created by this agreement except by sending written notice of intent to terminate to CBIC. Written notice to terminate shall be sent to CBIC at its home office, 1213 Valley Street, P.O. Box 9271, Seattle, WA 98109-0271. I AGREE that the termination will be effective thirty working days after actual receipt of such notice by CBIC, but only for Bonds signed or committed to by CBIC after the effective date. Thus, I agree that I will REMAIN LIABLE to CBIC for LOSS on BONDS SIGNED OR COMMITTED TO BY CBIC PRIOR TO THE EFFECTIVE DATE OF TERMINATION.
10. 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.
11. I agree that CBIC shall have the right to fill in any blanks left herein and to correct any errors made by me in filling in any blanks.
12. I agree that I have READ AND UNDERSTOOD this agreement, that I am signing as a PERSONAL INDEMNITOR, on behalf of my MARITAL COMMUNITY, and in my CORPORATE, PARTNERSHIP, or LLC CAPACITY, if any. 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.

† Insert Principal's name exactly as it is to appear in Bond.

Individual/Company Name	Date
BY <b>X</b>	
Individual's Signature* <b>X</b>	Individual's Name (Print)
Individual's Spouse's Signature* <b>X</b>	Individual's Spouse's Name (Print)

\*Each indemnitor and spouse is signing in his and her individual capacity and also in his and her capacity as an owner and/or officer and/or stockholder and/or partner and/or joint venturer and/or LLC member and/or Manager.



# FINANCIAL STATEMENT

For The CBIC branch  
nearest you, call toll-free:  
(888) 283-CBIC (2242)  
(888) 293-CBIC (2242) FAX

This statement and any applicable schedules may be completed jointly by married and unmarried applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required.

Applicant is:  Married     Single     Separated

If married, the financial statement is:  Completed jointly with spouse     Not completed jointly

Name and address	Statement of assets and liabilities as of _____, _____ (Insert date, otherwise statement will be returned)
	<input type="checkbox"/> Individual <input type="checkbox"/> Co-Partnership <input type="checkbox"/> Corporation

ASSETS			LIABILITIES		
	(Sch)			(Sch)	
Cash	A	\$	Due to banks	A	\$
Stocks, bonds, etc.	B	\$	Credit cards	C	\$
Accounts receivable	C	\$	Taxes		\$
Notes receivable	D	\$	Accounts payable	C	\$
Inventory	E	\$	Notes payable	D	\$
Equipment	F	\$	Due on equipment	F	\$
Home	G	\$	Due on real estate	G	\$
Real estate	G	\$	Other liabilities	H	\$
Personal property		\$	<b>TOTAL LIABILITIES</b>		\$
IRA	B	\$	Capital stock (if any)		\$
Other Assets	H	\$	Retained earnings		\$
		\$	Total stockholders equity		\$
<b>TOTAL ASSETS</b>		\$	<b>NET WORTH</b>		\$

SOURCES OF INCOME FOR YEAR ENDED	OTHER LIABILITIES
Salary, bonuses & commissions	Do you have any contingent liabilities? If so, describe: (Lawsuits, Indemnification, etc.)
Dividends	
Real estate income	
Other income (Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for bonding)	As endorser, co-maker or guarantor? \$
	On leases or contracts? \$
	Legal claims (Judgements, etc.) \$
	Other special debt \$
<b>TOTAL</b>	Amount of contested income tax liens \$

### PERSONAL INFORMATION

Are any assets owned by a trust? Which?	Are you a defendant in any suits or legal actions?
Do you have a will? _____ If so, name of executor:	Have you ever been declared bankrupt? If so, describe:
Are you a partner or officer in any other venture? If so, describe:	Are any assets pledged other than as described on schedules? If so, describe:
Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe:	Income tax settled through (date):
	Personal bank accounts carried at:

**INSURANCE CARRIED**

Fidelity Bonds on Officers & Employees

Life \$	General Liability \$
Property \$	Other \$

**IF NOT SUFFICIENT SPACE, ATTACH SEPARATE SCHEDULES**

<b>A</b>  <b>BANK DATA</b> <i>(Attach Copy of Statements)</i>	Name and Location of Bank	Account Number	Amount of Deposit	In Whose Name	Owed to Bank	Date Due

<b>B</b>  <b>STOCKS, BONDS, ETC.</b> <i>(Attach Copy of Statements)</i>	Name of Security	No. Shares	Par Value	Market Value	In Whose Name Registered	If Pledged, to Whom and for What Purpose

<b>C</b>  <b>ACCOUNTS RECEIVABLE AND PAYABLE</b>	From Whom Due	Amount	Date Due	To Whom Due	Amount	Date Due

<b>D</b>  <b>NOTES RECEIVABLE AND PAYABLE</b>	From Whom Due	Amount	Date Due	To Whom Due	Amount	Date Due

<b>E</b>  <b>INVENTORY</b>	Description	Cost Price	Market Value

<b>F</b>  <b>EQUIPMENT</b>	Description	Cost Price	Depreciation Charged Off	Book Value	Encumbrance	Amount Payable Monthly

<b>G</b>  <b>REAL ESTATE</b>	Location and Description	In Whose Name Is Title	Cost	Present Forced Sale Value	Amount of Mortgage	Name of Mortgagee

<b>H</b>  <b>OTHER ASSETS AND LIABILITIES</b>	Description of Other Assets	Amount	Description of Other Liabilities	Amount

The undersigned furnishes the foregoing as a true and accurate statement of the undersigned's financial condition as of the date given. Contractors Bonding and Insurance Company may furnish copies of the foregoing statement and any information which it has now or may hereinafter obtain, for the purposes of securing bonds, reinsurance or co-insurance.

Date Signed \_\_\_\_\_, \_\_\_\_\_.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Spouse's Signature** \_\_\_\_\_

S.S. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_