

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
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**

**V. SPINO BONDING &
LMI Notary Service**
All types of Civil Bonds
208 James Street, Suite B
Seattle, WA 98104
(206) 622-2643
(800) 886-5299
(206) 628-4690 FAX

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
1. BOND INFORMATION	Type of Bond (Attach Bond Form If Available)			Amount: \$	Effective Date
2. CASE INFORMATION	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
3. UNDERWRITING INFORMATION*	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



Agreement of Indemnity

I agree to indemnify **RLI Insurance Company** and/or **RLI Indemnity Company** and/or **Contractors Bonding and Insurance Company** (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" below. I certify that all the information provided is true, and acknowledge that Surety is relying on this information to issue a bond. 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 institution, person or entity. I further agree:

- (1) To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated, and agree that such premium is fully earned upon issuance of a bond and is not refundable in the first year of coverage.
- (2) To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgment against the bond, including any legal fees and expenses, and a claim fee charge in the amount of \$119.40 for the first claim and \$69.44 for each additional claim.
- (3) To hold harmless and indemnify Surety from any and all liability, damages, loss, costs and expenses of every kind, including attorney fees, which may be sustained or incurred arising out of the execution, enforcement, procurement of release, or other action involving the application and/or issuance of any bond.
- (4) To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made.
- (5) That Surety has the exclusive right to defend, settle, pay, or appeal any claim, and an itemized statement of loss and expense incurred by Surety shall be prima facie evidence of the fact and extent of my liability to Surety.
- (6) That Surety may decline to become a surety on any bond, may cancel or amend any bond with or without cause, alter the penalty, terms and conditions of any bond, complete any blanks contained in the application or indemnity agreement at the time of execution, or procure its release from said suretyship under any law for release of sureties; all without liability to Surety thereon.
- (7) To provide Surety with cash or other property acceptable to Surety, upon demand, as collateral security for any loss reserve. Surety may hold such collateral security until it has determined that it is no longer exposed to a loss and may retain or sell the collateral security to reimburse itself.
- (8) 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.
- (9) I agree that I cannot terminate my liability to the Surety created by this agreement except by sending written notice by certified mail of intent to terminate to the Surety. Written notice to terminate shall be sent to the Surety at its home office, 9025 N. Lindbergh Dr. Peoria, IL 61615. I agree that the termination will be effective thirty working days after the actual receipt of such notice by the Surety, but only for bonds signed or committed to by Surety after the effective date. Thus, I agree that I will remain liable to the Surety for loss and expenses on bonds signed or committed to by Surety prior to the effective date of termination.
- (10) This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.

Applicant Name (Printed) _____

Today's Date _____ By: X _____ Title: _____

ALL OWNERS AND/OR STOCKHOLDERS MUST SIGN BELOW AND PROVIDE PERSONAL INDEMNITY

In consideration of the Surety's execution of the Bond(s) applied for by Applicant, the Undersigned, agree(s) to become bound by the terms of the above Indemnity Agreement and become personal indemnitors under this agreement. The Undersigned acknowledges that they have read the Indemnity Agreement and understand that it imposes personal liability on them as well as joint and several liability with the Applicant.

<u>X</u> _____ Indemnitor's Signature	<u>X</u> _____ Indemnitor's Signature
<u>X</u> _____ Indemnitor's Signature	<u>X</u> _____ Indemnitor's Signature
<u>X</u> _____ Indemnitor's Signature	<u>X</u> _____ Indemnitor's Signature
<u>X</u> _____ Indemnitor's Signature	<u>X</u> _____ Indemnitor's Signature

AGENT/BROKER INFORMATION	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
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SCHEDULE A - U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

SCHEDULE B - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

SCHEDULE C - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type of Property	Title In Name Of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D - REAL ESTATE OWNED

Address & Type Of Property	Title In Name Of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name Of Insurance Company	Owner Of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F - BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address Of Lender	Credit In The Name Of	Secured Or Unsecured?	Original Date	High Credit	Current Balance

The undersigned hereby certifies that the list of assets and liabilities given herein is a true and correct statement of the financial condition on the date given above and that the depositories are hereby authorized to confirm any inquiry made by **RLI Insurance Company** or its representatives as to any statement made herein relative to monies on deposit or loans made.

Dated this _____ day of _____, _____.

X _____
(Sign here)

X _____
(Sign here)