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

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 Bone	d (Attach Bond Form	If Available)					Amount \$:	Effective l	Date	
2. CASE INFORMATION	Court				State			County				
Cause No. State Code No. (If Applicable)					Attach copy of Complaint/Judgement or details of litigation.							
Plaintiff(s) □ Principal												
Defendant(s) ☐ Principal												
Attorney						Firm					Phone #	
Address								State	tate Zip Code			
3. UNDERWRITING INFORMATION* Principal's Address					Federal ID/Social Securit					Security No.		
Business/Home Phone #	siness/Home Phone # Occupation or Nature of Business						How Long in Present Business?					
Spouse's Name					Soc. Sec #				Date of Birth			
Spouse's Employer		Length of Employment				Monthly Income						
Financial Information:	Real Estate Equity Rever			\$								
Ever Declared \square Yes Bankruptcy? \square No	Pending or F IRS Liens?	□ No	Any Laws Against Y		□ No	Ever Failed In Business?	□ Yes □ No		Beneficiar	ou the Trustee, Trustor ☐ Yes neficiary of any Trust? ☐ No		
Branch of Personal Bank Account Phone #				Checking Acct. #Savings Acct. #				Balance: \$ Balance: \$				
Branch of Business Bank Acco	ount	Phone # Checking () Savings A			Acct. #				Balance: \$ Balance: \$			
Company Name	Business is: ☐ Pro ☐ Par	□ Corporati □ LLC	on I	Date Formed (Corporation or LLC) # of Owners, Partners o			ners, Partners or M	fembers				

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 fradulent 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

	арриот гот.						
	Applicant Name	e (Printed)					
Todovia Data		, ,					
Today's Date		Dy. <u>∧</u>			Title:		
In consideration of the above Indemnity Agrillandemnity Agreemer	NERS AND/OR STOCKI- ne Surety's execution of the Boreement and become personal at and understand that it impos	ond(s) applied fo I indemnitors un	or by Applicant, to	he Undersigned, ent. The Undersi	agree(s) to become gned acknowledges	bound by the te that they have r	ms of the
X	Indemnitor's Signature		X		Indemnitor's Signature		
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	Indemnitor's Signature		X		Indemnitor's Signature)	
X	Indemnitor's Signature Indemnitor's Signature		x		Indemnitor's Signature		



Amount of contested income tax liens

INFORMATION

AGENT/BROKER | Agent/Broker Name

\$

Code

Phone No.

Fax No.

City

RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: 309-692-1000 Fax: 309-692-8637

PERSONAL FINANCIAL STATEMENT

Phone: 309-692-1000 Fax: 309-692-8637 IMPORTANT: Read these directions before completing this Statement. If you are applying for individual credit in your own name and are relying on your own income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3. If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant. If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections providing information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying. If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1 and 3. TO: SECTION 1 - INDIVIDUAL INFORMATION (Type or Print) SECTION 2 - OTHER PARTY INFORMATION (Type or Print) Name Residence Address Residence Address City, State & Zip City, State & Zip Position or Occupation Position or Occupation **Business Name Business Name** Business Address **Business Address** City, State & Zip City, State & Zip Res. Phone Bus. Phone Res. Phone Bus. Phone SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF In Dollars ASSETS In Dollars LIABILITIES (Do not include Assets of doubtful value) (Omit cents) (Omit cents) Cash on hand and in banks Notes payable to banks - secured U.S. Gov't. & Marketable Securities - see Schedule A Notes payable to banks - unsecured Non-Marketable Securities - see Schedule B Due to brokers Securities held by broker in margin accounts Amounts payable to others - secured Restricted or control stocks Amounts payable to others - unsecured Accounts and bills due Partial interest in Real Estate Equities see Schedule C Unpaid income tax Real Estate Owned - see Schedule D Other unpaid taxes and interest Real estate mortgages payable -Loans Receivable see Schedule D Automobiles and other personal property Cash value - life insurance - see Schedule E Other debts - itemize Other assets - itemize **TOTAL LIABILITIES NET WORTH** TOTAL ASSETS TOTAL LIAB. AND NET WORTH SOURCES OF INCOME FOR YEAR ENDED PERSONAL INFORMATION Salary, bonuses & commissions Do you have a will? If so, name of executor. Dividends Real estate income Are you a partner or officer in any other venture? If so, describe. Other income (Alimony, child support, or separate maintenance income need not Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe. be revealed if you do not wish to have it considered as a basis for repaying this obligation) Are any assets pledged other than as described on schedules? If so, describe. TOTAL **CONTINGENT LIABILITIES** Do you have any contingent Liabilities? If so, describe. Income tax settled through (date) Are you a defendant in any suits or legal actions? As endorser, co-maker or guarantor? Personal bank accounts carried at: On leases or contracts? \$ Legal claims \$ Other special debt \$ Have you ever been declared bankrupt? If so, describe.

State Zip

Number of Shares or Face Value (Bonds)			escription			In Name Of			e These edged?	Market Value	
Number of Shares				HEDULE B - NON	N-M/		BLE SECURI	Are These	Sou	rce of Value	Value
Number of Shares Descript						111140		Pledged?	Oodi	oc or value	value
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Address & Type of Property			Title In % o		hip Date Acquired		Cost	Marke Value			Mortgage Amount
					+						
					1						
Address & Type			SCHEDULE D Title In	- RE	Date	Cost	Market		Mortgage	Mortgage	
0	f Property			Name Of	#	Acquired	Cost	Value)	Maturity	Amount
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	SCHEDU	LE E - LII	FE INS	URANCE CARRI	ED,	INCLUD	 NG N.S.L.I. <i> </i>	 AND GROU	P INS	SURANCE	
Name Of Insurance Company			Owner Of Policy		Beneficiary		Face Amount		Policy Loans	Cash Surrend Value	
					+						
	SCHEDU	II F F - B	ANKS (OR FINANCE CO	MP	ANIFS W	HERE CRED	IT HAS BE	EN O	BTAINED	
Name & Address Of Lender			Credit Ir The Name	1	Secured Or Unsecured?		Original Date		High Credit	Current Balance	
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(Sign here)

(Sign here)