



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

Contractor's License and Sales Tax Application

APPLICANT INFORMATION		Name exactly as it is to appear on bond					
Address			City	State	Zip	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	
Business Phone		Previous Bonding Company			Any prior losses with another Surety Co? <input type="checkbox"/> Yes <input type="checkbox"/> No		
License Class Code				Amount of Bond		Effective Date	

PERSONAL INFORMATION		Personal information must be completed on all owners, members, partners or corporate owner. Please make a copy of this application if additional space is required.				
Individual Name			Social Security No.	% of Ownership	Home Phone Number	
Spouse Name			Social Security No.			
Home Address		City	State	Zip		
Individual Name			Social Security No.	% of Ownership	Home Phone Number	
Spouse Name			Social Security No.			
Home Address		City	State	Zip		
Individual Name			Social Security No.	% of Ownership	Home Phone Number	
Spouse Name			Social Security No.			
Home Address		City	State	Zip		
Is any owner, member, partner or corporate owner listed above delinquent on any State or Federal taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has any owner, member, partner or corporate owner ever had a contractors license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has any owner, member, partner or corporate owner ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

INDEMNIFICATION AGREEMENT

I agree to indemnify **RLI Insurance Company** and/or **RLI Indemnity Company** (hereinafter "Surety") in connection with any bond executed on behalf of the person or entity named as "Applicant" above. 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: **FIRST:** To pay Surety each premium or premiums due, until satisfactory evidence that Surety's liability is terminated and agree that such premiums fully earned upon issuance of a bond and is not refundable in the first year of coverage. **SECOND:** To pay Surety all sums demanded by Surety to cover any liability, claim, suit or judgement against the bond, including any legal fees and expenses. **THIRD:** 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 the bond. **FOURTH:** To pay interest, at the highest legal rate allowed, in the event of any payment by Surety, from the date such payments are made. **FIFTH:** 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. **SIXTH:** 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. **SEVENTH:** 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. **EIGHTH:** 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. **NINTH:** 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 on bonds signed or committed to by Surety prior to the effective date of termination. **TENTH:** This agreement shall apply to all renewals, continuations, substitutions and extensions of the surety ship herein applied for.

Applicant Name (Printed) _____
(Exactly As Above)

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

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 understands that it imposes personal liability on them as well as joint and several liability with the applicant.

X _____ Indemnitor's Signature	X _____ Indemnitor's Spouse's Signature
X _____ Indemnitor's Signature	X _____ Indemnitor's Spouse's Signature
X _____ Indemnitor's Signature	X _____ Indemnitor's Spouse's Signature

AGENT/BROKER INFORMATION	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
---------------------------------	-------------------	------	-----------	---------	------	-------	-----

AGENT'S RECOMMENDATION	COMMENTS
<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.	_____ _____ _____ _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.