

# HCC SURETY GROUP

## CALIFORNIA BUSINESS / JANITORIAL SERVICES APPLICATION

AGENT USE ONLY
BOND NUMBER

A BOND INFORMATION		
TYPE OF BUSINESS <input type="checkbox"/> Business Services <input type="checkbox"/> Janitorial Service	NUMBER OF EMPLOYEES	BOND AMOUNT REQUESTED <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> Other \$
TYPE OF SERVICE	REQUESTED EFFECTIVE DATE	

B BUSINESS INFORMATION	
NAME OF BUSINESS	BUSINESS PHONE
STREET ADDRESS	BUSINESS FAX
CITY/ STATE/ ZIP	EMAIL ADDRESS

C ADDITIONAL INFORMATION
Have you had any employee dishonesty losses in the past five years? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> <i>If yes, please explain (attach separate sheet if needed)</i>

**Undersigned are required to sign individually.**

The under signed certify the above information is true and correct. The applicant hereby warrants that, to the best of his/her/its knowledge, no facts currently exist which could reasonably give rise to a claim against this policy.

Signed, sworn to and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**X** \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE AND INDIVIDUALLY

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 EMAIL ADDRESS      \_\_\_\_\_  
 DATE OF BIRTH

\_\_\_\_\_  
 DRIVERS LICENSE      \_\_\_\_\_  
 SOCIAL SECURITY NUMBER

\_\_\_\_\_  
 HOME ADDRESS

\_\_\_\_\_  
 CITY/ STATE/ ZIP

**X** \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE AND INDIVIDUALLY

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 EMAIL ADDRESS      \_\_\_\_\_  
 DATE OF BIRTH

\_\_\_\_\_  
 DRIVERS LICENSE      \_\_\_\_\_  
 SOCIAL SECURITY NUMBER

\_\_\_\_\_  
 HOME ADDRESS

\_\_\_\_\_  
 CITY/ STATE/ ZIP

**Bonds issued by American Contractors Indemnity Company**

Bond Amount	One Year	Employees over 5	Rates
\$2,500	\$50.00	+\$1/ employee	Three year premium is 2.25 times the annual rate
\$5,000	\$75.00	+\$2/ employee	First years premium is fully earned upon issuance
\$7,500	\$100.00	+\$3/ employee	
\$10,000	\$125.00	+\$4/ employee	
\$25,000	\$250.00	+\$5/ employee	
			<i>Example of premium calculation for</i> <i>\$7,500 bond amount, 8 employees</i> <i>for one year term</i>
			One year (\$7,500)    \$100.00 3 employees at \$3    \$9.00 Total Annual Premium    \$109.00

Agent Name: _____	Phone: _____
Address: _____	Fax: _____
City, State, Zip _____	HCCS Prod No. _____

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