

Care Providers Insurance Brokers  
P.O. Box 9055  
Mission Viejo, CA 92690  
(800) 432-8431  
(949) 367-2933 fax  
License # OC03992

Community Care Bond  
[ ] 1 year [ ] 4 year

Bond Amount: \$ \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Facility License #:	Phone: ( )	Number of Owners:	
Applicant Name (must be exactly as it is to appear on bond)		<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Facility Address:	City	State	Zip
Mailing Address:	City	State	Zip

Personal Information: Must be completed by Applicant, Partners, Corporate Owner(s)/Officer(s) and Member(s)/Manager(s) of Limited Liability Companies. Use additional application if more than two owners.

Individual Name:	Social Security No:	% of Ownership:	Home Phone Number: ( )
Home Address	(City)	(State)	(Zip Code)
Spouse Name:	Social Security No:	% of Ownership:	Cell Phone Number: ( )
Individual Name:	Social Security No:	% of Ownership:	Home Phone Number: ( )
Home Address	(City)	(State)	(Zip Code)
Spouse Name:	Social Security No:	% of Ownership:	Cell Phone Number: ( )

**\*\*Please note you must sign the attached indemnification agreement.**

Signature instructions for indemnification agreement:

**Sole Proprietorship:** Owner must sign as personal indemnitor. If married spouse must also sign.

**Partnership:** Each partner and his or her spouse should sign as personal indemnitors'. The general partner should sign on behalf of the partnership.

**Corporation:** An authorized officer of the corporation (President or Secretary) should sign below on behalf of the corporation indicating his or her corporate title. All owners should sign below as personal indemnitors' including their spouse.

**LLC:** One owner should sign as "Managing Member or Member" on behalf of the LLC. Then all owners and spouses if married must sign as personal indemnitors.

# RLI Insurance Company Agreement of Indemnity

I agree to indemnify RLI Insurance 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 I 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 legal fees and expenses.
- 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 the 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) That this indemnity may be cancelled as to subsequent liability by an indemnitor upon written notice to the Company at P.O. Box 3967, Peoria, IL 61615, effective ten (10) days after the earliest date thereafter upon which the Company could have cancelled all bonds in force for applicant.
- 10) This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.

Today's Date \_\_\_\_\_ Applicant Name (Printed) \_\_\_\_\_

By: \_\_\_\_\_

**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 the 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.

\_\_\_\_\_  
Indemnitor

\_\_\_\_\_  
Indemnitor

\_\_\_\_\_  
Indemnitor

\_\_\_\_\_  
Indemnitor

# Authorization to Draft Payment

Insured: \_\_\_\_\_ Client # \_\_\_\_\_

Policy # \_\_\_\_\_ Invoice # \_\_\_\_\_ Method of Payment: Check via Fax

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**\*\*\*Make check payable to: CARE PROVIDERS INSURANCE BROKERS INC.\*\*\***  
Tape your check below and fax to: Alison Leeds at (949) 860-3880

This is your payment authorization. Please keep the original check for your records.

TAPE YOUR  
COMPLETED & SIGNED CHECK  
HERE

DO NOT MAIL

**Important message to our Customers:** Only checks that are drawn on regular business or personal checking accounts can be accepted by fax. Please write the information for your checking account below. This helps us ensure accuracy when processing your check. Many faxed checks are hard to read because of shading, etc.  
*Thank you!*

\*FILL OUT THIS INFORMATION AND SIGN\*

Check Amount \$ \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Name(s) on Checking Account: \_\_\_\_\_

Address Printed on Check: \_\_\_\_\_

\_\_\_\_\_

*I authorize Care Providers Insurance Brokers Inc. to cash my faxed check and debit my account.*

**X**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date