



LOST NOTE / DEED BOND APPLICATION

APPLICANT	SOC. SEC. #	SPOUSE		DAY PHONE
ADDRESS	CITY	STATE	ZIP	EVENING PHONE
OCCUPATION	OWN A HOME? _____		EQUITY IN HOME \$ _____	

NOTE INFORMATION

MAKER (TRUSTOR): _____

BENEFICIARY: _____

AMOUNT \$ _____ DATE MADE _____ DATE PAYABLE _____ DATE PAID _____

TRUST DEED INFORMATION

TRUSTEE: _____

RECORDED IN _____ COUNTY ON _____ IN BOOK _____ PAGE _____

ESCROW INFORMATION

ESCROW COMPANY _____ FILE (ESCROW) NO. _____ PHONE NO. _____

BOND INFORMATION (note: bond amount is determined by the Trustee, not the surety or escrow company)

1. If note is paid, and evidence of payment is provided, premium is \$15.00 per \$1000. of bond amount.	\$ _____ (bond amount) X 1.5% = \$ _____ (premium)	(Minimum Premium \$100.00)
2. If note is unpaid, premium is \$40.00 per \$1000. of bond amount.	\$ _____ (bond amount) X 4% = \$ _____ (premium)	
3. If bond is to facilitate foreclosure, premium is \$20.00 per \$1000. of bond amount.	\$ _____ (bond amount) X 4% = \$ _____ (premium)	

SUMMARIZE THE FACTS RELATED TO THE LOSS OF THE NOTE:

Please provide the following additional items: 1. A copy of a recent Preliminary Title Report on the property. 2. A copy of the note if available, 3. if available, send copies of cancelled checks, payments books, etc., that prove that payment was made. 4. A check for the bond premium.

FINANCIAL STATEMENT AS OF _____, 20 _____

Cash in Bank:	Bank Loan:
Securities (Marker):	Borrowed on Securities :
Notes Receivable:	Notes Payable:
Real Estate:	Mortgage of Real Estate:
Cash Value of Life Insurance:	Other Liabilities
Other Assets	
Total	Total

Indemnity Agreement

The undersigned applicant(s) and indmenitor(s) hereby:

- A. Certify the information in this application is true and request American Contractors Indemnity Company to become surety for the above named applicant.
 - B. The undersigned authorize state agencies, credit services, banks and other firms and corporations to furnish any information requested concerning any transactions, including but not limited to credit history, department of motor vehicle records, and the undersigned specifically waive any confidentiality requirements.
- Privacy Notice: All nonpublic personal information gathered pursuant to the application shall not be disclosed except as permitted by law.

Should American Contractors Indemnity Company execute said bond the undersigned agree as follows:

1. To indemnify the Company and hold harmless against all loss, liability, costs, and expenses of whatever kind and nature, including but not limited to, investigative, accounting, and the fees and disbursements of counsel which the Company sustains or incurs for any reason of said bond.
2. If requested, to immediately place with the Company funds to meet any claim or demand before the Company makes payment.
3. To authorize the Company to adjust, settle, or compromise any claim or demand, suit or judgment upon said bond and to defend such suits and appeal such judgments.
4. T accept as prima facie evidence, voucher(s) and itemized statement(s) sworn by officers of the Company in the event of payment(s) by the Company.
5. The Agreement shall bind the undersigned, their heirs, executors, administrators, successors and assigns.

FIRST YEAR'S PREMIUM OR \$100.00 MINIMUM PREMIUM, WHICHEVER IS GREATER, IS FULLY EARNED UPON ISSUANCE.

Signature(s) of Applicant(s) for bond;

Applicant _____ Applicant _____ Date: _____

AGENCY INFORMATION	
Name: PREFERRED BONDING & INS. SERVICES	Phone: (323) 663-7814 Fax: (323) 663-7834
Address: 1800 MCCOLLUM STREET	ACIC PRODUCER NO. 3057
City, State, Zip Los Angeles, CA 90026	