



# ALDANA INSURANCE SERVICES

CALIFORNIA LICENSE NO. 0G06204

16014 ARROW HWY, IRWINDALE CA 91706 \* PHONE (626) 939-4829 \* FAX (626) 939-4019

## \$100,000 California Immigration Consultant Bond Application

Applicant (EXACTLY as it is to appear on the bond) \_\_\_\_\_  
*Applicant name must match EXACTLY as filed with the State*

DBA \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street City State Zip*

Business Address \_\_\_\_\_  
*Street City State Zip*

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ Years as Immigration Consultant \_\_\_\_\_

Effective Date of Bond \_\_\_\_\_

**YES NO**

Are you a U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever experienced a claim, surety loss or legal action against your immigration consultant bond?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any of your companies have any pending lawsuits and/or prior judgments?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any of your companies have any past or present tax liens?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or any of your companies declared bankruptcy or become insolvent?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>

**Indemnification Agreement – Read Carefully and Sign**

In consideration of the execution, renewal, assumption, continuation, or reissuance of a bond or bonds for the undersigned, or either of them (collectively, the “Undersigned”), the Undersigned promise and agree, jointly and severally, with SureTec Insurance Company, SureTec Indemnity Company, and/or any other surety executing or renewing a bond for the Undersigned at the request of either of them (collectively, “Surety”), as follows:

1. That, all information provided herein is represented by Undersigned is true and correct.
2. To reimburse, hold harmless, and indemnify Surety upon demand for all loss, liability, claim, expense, including but not limited to attorney’s fees, expert’s fees, investigative fees and claims handling fees, and any other cost which Surety shall pay or incur in defense, adjustment, or settlement of such claims/suits by reason of such suretyship, whether or not Surety shall have paid same at the time of demand.
3. That, Surety has the exclusive right to determine whether or not any claim or suit shall be paid or compromised.
4. To pay Surety an advance premium for the first year upon execution of the bond and to pay premium annually until such time that bond liability is extinguished.
5. That the place for performance of this agreement, including the promise to pay Surety, as well as venue for any action to enforce same shall be in Los Angeles County, California. Surety shall be entitled to recover its reasonable attorney’s fees incurred in the enforcement of this agreement. That, Surety is authorized to investigate, at any time, the undersigned’s credit, references, employment history and Department of Motor Vehicle records.
6. That, the Undersigned grant to Surety a security interest in and to all equipment, inventory, receivables, accounts, and intangibles of the Undersigned to secure Surety against loss.
7. That, we may do business electronically with the undersigned and that, any signature via fax, email, text message, click through endorsement, electronic or otherwise, by the Undersigned or his/her/its agent, shall be binding on the Undersigned.

Signed this \_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_.

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**Individual Signature**

**Print Name**