BTIS USE ONLY Submission Number

## Victory® Bonds Program - Oregon Contractors License Bond Application

| AGENT USE ONLY |  |
|----------------|--|
| Bond Number    |  |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------|---------------------------|-------------|-------------------|------------|----|--------------------------|-----------------|--|--|--|
| Business Name as Shown <u>Exactly</u> on Contractors Licer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nse or License Applic | cation |                           |             |                   |            |    |                          |                 |  |  |  |
| Applicant's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |        |                           |             |                   |            |    |                          |                 |  |  |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |        |                           |             |                   |            |    |                          |                 |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State                 | ZIP    |                           |             | Years in Business |            |    | Requested Effective Date |                 |  |  |  |
| Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fax Number            |        | T                         | ype of Bond | of Bond Re        |            | \$ | S Amount of Bond         |                 |  |  |  |
| Contractor License Number or Contractor License Applie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | cation Number         |        |                           |             |                   | Commercial |    |                          | License Class   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |        |                           |             |                   |            |    |                          |                 |  |  |  |
| Married ☐ Divorced ☐ Spouse's First Name ☐ Single ☐ Separated ☐ Spouse's First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | II                    | nitial | Last Name                 |             |                   |            |    |                          | Spouse's D.O.B. |  |  |  |
| Iligibility Questions - Please provide additional detail for "Yes" responses in the boxes provided below the questions.  Has any bond held by the applicant been cancelled for failure to fully reimburse payment of a claim against a bond?   Yes   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                           |             |                   |            |    |                          |                 |  |  |  |
| The Undersigned hereby declares the truth without reservation of the representations hereinabove, and that they are made to induce Surety, to issue the Bond(s) applied for. The Undersigned agrees that the Surety at its sole discretion may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability hatsoever to the Undersigned agrees that the Surety at its sole discretion may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability hatsoevers to the Undersigned hereby agrees, jointly and severally, as follows: (1) To hereby authorize the burety to access their credit reports and to make such pertinent inquiry as may be necessary from financial institutions, persons, firms and corporations in order to (a) onfirm and verify information supplied to Surety, (b) for underwriting purposes, and (c) enforcement of any rights the Surety hand corporations in order to (a) onfirm and verify information supplied to Surety, (b) for underwriting purposes, and (c) enforcement of any rights the Surety with satisfactory and conclusive termination evidence have a great premium upon execution of the Bond(s); (4) To perform all the conditions of said Bond(s), to reimburse Surety with satisfactory and conclusive termination evidence have read to defend, indemnify, and save the Surety harmless from and against any and all demands, claims, liabilities, losses, costs, damages, penalties and expenses of widence of the minimation and the properties of the said Bond(s), to compare the surety said accounts of any Bond(s), to defend, indemnify, and save the Surety harmless from and against any and all demands, claims, liabilities, losses, costs, damages, penalties and expenses of widence of the minimation under such Bond(s), or (c) in enforcing any provision of this agreement, the Surety S |                       |        |                           |             |                   |            |    |                          |                 |  |  |  |
| Printed Name of Principle/Indemnitor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Social Security Num   | nber   | Drivers License 1         | Date        |                   |            |    |                          |                 |  |  |  |
| Printed Name of Indemnitor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Social Security Num   | nber   | Drivers License 1         | Date        |                   | x          |    |                          |                 |  |  |  |
| Printed Name of Witness (Not Indemnitor)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | Date   | Date Signature of Witness |             |                   |            |    |                          |                 |  |  |  |
| Agency Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |        |                           |             |                   |            |    |                          |                 |  |  |  |
| Producers Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |        |                           |             |                   |            |    |                          |                 |  |  |  |
| Address City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |        |                           |             |                   |            |    |                          |                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State                 | ZIP    |                           | Phone       |                   |            |    |                          | -ax             |  |  |  |

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