

You need to fill out the application and fax back to 344-3103 or scan and email to nmhbabookkeeper@nmhba.org.

Sign Indemnitor after each signature on bottom right hand side of page (if you are married your spouse needs to sign too) and if you are a corporation have the President sign twice once with President after his name and another time with Indemnitor after his name.

If you have any questions please give me a call at 344-7277 or 1-800-523-8421.

Thank You,  
Shayla Elkins-Whitehead

NM License Bonding  
 5931 Office Blvd NE Ste #1  
 Albuquerque NM 87109  
 505-344-7277 1-800-523-8421 Fax 505-344-3103  
**CONSUMER PROTECTION BOND APPLICATION**

**1 Year Bond \$100.00**

<b>APPLICANT INFORMATION</b>	Applicant Name (must be exactly as it is to appear on bond)	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLP
		<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	
Applicant Address		City	State	Zip
<b>PERSONAL INFORMATION</b>	Personal information must be completed on all owners, members, partners or corporate owner. Please make a copy of this application if additional space is required.			
Individual's Name	Social Security No.	Percent Ownership	<input type="checkbox"/> Single <input type="checkbox"/> Married	
Spouse Name	Social Security No.	Phone Number:		
Home Address	City	State	Zip	Number of Years Experience

I agree to indemnify **RLI Insurance Company/RLI Indemnity 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 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 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 statement.
- 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.
- 11) I agree that I have READ AND UNDERSTOOD this agreement, that I am signing as a PERSONAL INDEMNITOR, on behalf of my MARITAL COMMUNITY, and in my CORPORATE, PARTNERSHIP, or LLC CAPACITY, if any. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision. No missing signature shall invalidate this agreement.

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

<b>X</b>	<b>X</b>
<b>X</b>	<b>X</b>
<b>X</b>	<b>X</b>
<b>X</b>	<b>X</b>

Visa  
 MasterCard.....Signature: \_\_\_\_\_  
 American Express  
 Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_  
 Visa or MasterCard (3 digits on Back) \_\_\_\_\_ American Express (4 digits on front of card) \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_