

STATE OF CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

LESSOR-RETAILER SURETY BOND

DMV USE ONLY				
OL OR ACCOUNT NUMBER				
NAME				

	(Vehicle Code Section 11612)	NAME	
Licensing Operations Division Occupational Licensing Branch P.O. Box 932342, MS: L224		Bond Number	SURETY USE ONLY
Sacramento, CA 94232-3420		Premium Amount	SURETY USE ONLY
KNOW ALL PERSONS BY THESE PRI	ESENTS:		
That we,	PRINCIPAL NAME(S) AND DBA		
			,
doing business as a lessor-retailer whose a	address for service is	DP_PETAILER SERVICE ADDRESS	
	as PRINCIPAL, and		
		SURETY NAME	.,
a corporation organized under the laws of	STATE OF INCORPORATIO	N	_ and authorized to transact a
general surety business in the State of Cal	lifornia, whose address for service is	QUIDENVI ADDIVIGE ADDI	700
	, as SURET		
California in the penal sum of FIFTY administrators, successors and assigns join	Y THOUSAND DOLLARS (\$50,000), for whintly and severally, firmly by these presents. The be	ich navment we hind ours	selves our heirs executors
	cle Code, requires that the Principal file or have or		
representation which will cause a moneta	ons of the foregoing obligation are that if the Princ ry loss to a purchaser, seller, financing agency, or this obligation is to be void; otherwise it is to remain	governmental agency; and,	
	nd is issued subject to the following express condit		
period for which the license is gra	ned continuous in form and shall remain in full for anted and each and every succeeding license peri- all cease except as to any liability or indebtedness the	od or periods for which said	d Principal may be licensed,
	y the Surety to comply with Chapter 3.5 (commen Civil Procedure and said bond shall be subject to a	_	
	of the Surety hereunder on all claims whatsoever sh	•	•
(4) This bond may be cancer part 2, Code of Civil Procedure.	elled by the Surety in accordance with Article 13	(commencing with section 9	996.310), chapter 2, title 14,
	ors and assigns, are jointly and severally liable on the Code of Civil Procedure and Chapter 3.5 (commendation)		
	ty may be served with notices, papers and other Civil Procedure at the addresses given above.	documents under chapter 2	2 (commencing with section
I certify (or declare) under penalty of pe executes this bond on behalf of the suret	erjury, under the laws of the State of California t y under an unrevoked power of attorney.	that the foregoing is true an	nd correct. The undersigned
Executed at	<u>x</u>	F ATTORNEY-IN-FACT	
	SIGNATURE OI	F ATTORNEY-IN-FACT	
On (Date)			

PRINTED OR TYPED NAME OF ATTORNEY-IN-FACT

INSTRUCTIONS FOR COMPLETING THE SURETY BOND FOR AN OCCUPATIONAL LICENSE APPLICATION

The surety must complete the bond as follows to meet the department's regulatory requirements.

Bond Number: Enter the bond number. The bond number and the principal name should be included on all correspondence to the department.

Premium Amount: Enter the premium amount.

Principal Name(s) and DBA (doing business as): Enter the true, full name of the Principal DBA(s) which must match the names as presented on the application submitted to the department. When the Principal is a:

- **Sole Owner** List the true, full name of that person and each DBA name(s).
- *Partnership* List the true, full name of each partner and each DBA name(s).
- *Limited Liability Company* List the true, full name of the limited liability partnership or company and each DBA name(s).
- *Corporation* List the true, full name of the corporation and each DBA name(s) as filed and registered with the California Secretary of State; include the assigned registration number.
- Association List the true, full name of the association and each DBA name(s).

A surety bond will not be accepted unless it is issued in the true full name of the occupational licensee as presented on the application. When the name of the Principal is the same as the DBA name, only list the Principal's name.

Lessor-Retailer Service Address: Enter the address at which the principal may be served with notices, papers, and other documents related to this bond.

Surety Name: Enter the true, full name as filed with the Department of Insurance. A surety issuing the bond must be an admitted surety insurer authorized to transact business in California.

State of Incorporation: Enter the state or country where the surety company's incorporation documents are filed.

Surety Service Address: Enter the address where legal documents may be served on the surety.

Bond Effective Date: Enter the month, day and year of the bond effective date.

Executed at: Enter the city and county where the bond is signed.

On (date): Enter the month, date and year when the bond is signed.

Signature of Attorney-in-Fact: Sign the true, full name of the person who represents and is authorized to sign for the surety company.

Printed or Typed Name of Attorney-in-Fact: Enter the true, full name of the person signing on behalf of the surety company.