

Serving Contractors Since 1968

DOI License # 0G80249 9848 Business Park Drive Suite H Sacramento, CA 95827 Tel: (916) 363-2663 Toll Free: (800) 432-2641

Fax: (916) 363-2662 - renewals@ccisbonds.com www.ccisbonds.com

## \$15,000 License Bond Submission:

**Bond Amount:** 

\$15,000

Obligee:

Contractors State License Board

### **Principal Information**

**Company Name:** 

NU-VUE WINDOW FILMS INC

Individual Indemnitor:

**GREGG MC KAY** 

**Entity Type:** 

Corporation 20170108032 Phone Email: 619-994-2882 tracy@nuvuewindowfilms.com

License Number: Street Address:

10755 SCRIPPS POWAY PARKWAY #402

City/State/Zip:

SAN DIEGO, CA 92131

#### Terms of Bond

**Bond Term:** 

01/09/2018 - 01/09/2019

**Effective Date Bond Rate:** 

01/09/2018

**Payment Terms: Payment Method:**  Payment in Full Visa Ending In 7458 Amount to be Charged:

\$150.00

**Credit Card Expiration:** 

\$150.00 5/2019

## **Indemnity and Payment Plan Agreement**

I, the undersigned, hereby apply for a Contractors License Bond ("bond") to the Surety Company ("SURETY") through California Contractors Insurance Services ("CCIS"), with whom I hereby grant the authority to act on my behalf with respect to the bond and assign as my Broker of Record, and declare that the statements herein are true and correct. In consideration of the SURETY issuing, renewing or substituting said bond(s), I, individually and as the owner or officer of the bonded entity, hereby understand and agree, as follows: (i) to reimburse, hold harmless, and indemnify SURETY upon demand for all loss, liability, claim, expense, including but not limited to attorneys' 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; (ii) that an itemized statement of loss and expenses by SURETY shall be indisputable proof of my liability to SURETY; (iii) the bond is a credit relationship and I hereby authorize SURETY and/or CCIS, to gather such necessary credit, employment and other public records for purposes of evaluating whether and at what premium rate such credit should be granted or continued; (iv) to pay advanced premium as quoted; (v) CCIS reserves the right to charge me a \$50.00 cancellation fee and a \$25.00 reinstatement fee and may define the resolution of this agreement shall take place in the country of may deduct such fees from any return premiums; (vi) performance and any form of dispute resolution of this agreement shall take place in the county of SURETY's office of service; and (vii) a facsimile copy or electronically signed version of this agreement shall be binding as if it were an original. This agreement shall survive any changes in, substitute to or renewal of the bond(s).

# Signature

Check, I agree to the terms above Indemnitor SSN: XXX-XX-2134] IP Address: 72.196.173.124]

**Date Submitted:** 

January 09, 2018 04:54 PM