



Your Bond Specialists providing License, Surety, & Notary Bonds to ALL the Hawaiian Islands for more than 45 years

# Notary Bond Application



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## THE BOND PREMIUM IS \$150 (4 Year Term)

- TO HAVE THE BOND MAILED TO YOU:** Submit by mail this completed application with a COPY of the letter from the Attorney General with commission dates and \$150.00. We will mail YOU your bond.
- TO PICK UP YOUR BOND:** Mail, Fax or Email this completed application with a COPY of your letter from the Attorney General with commission dates. We will call you when your bond is ready for pick-up, and you can pay when you pick up your bond.

\$1000.00

Exact name of you want on the Bond \_\_\_\_\_ Bond Amount

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Employer's name \_\_\_\_\_ Work phone \_\_\_\_\_

Employer's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### FAX OR MAIL A COPY OF THE LETTER FROM THE STATE GIVING YOUR COMMISSION DATES WITH YOUR APPLICATION.

The undersigned applicant and indemnitor hereby request the Company to become surety for the above bond. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information and to obtain additional information from any source, and jointly and severally agree:

- (1) To pay the usual premiums, including renewal premiums, to the Company or its agents, when due,
- (2) To completely INDEMNIFY the Company from and against any liability, loss, cost, attorney's fees and expenses whatsoever which the Company shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for applicant, or for the enforcement of this agreement, or in obtaining a release or

evidence of termination under such bonds; regardless of whether such liability, loss, costs, damages, attorneys' fees and expenses are caused, or alleged to be caused, by the negligence of the Company,

- (3) Upon demand by the Company for any reason whatsoever, to deposit current funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship,
- (4) That the Company shall have the right to handle or settle any claim or suit in good faith.
- (5) In the event of any payment by the Company, to pay the Company interest on such amounts at the highest legal rate from the date such payments are made.

X \_\_\_\_\_ X \_\_\_\_\_  
Applicant Signature Print Name Date (mm/dd/yy)

Additional instructions: \_\_\_\_\_

*A-1 Bonding is located close to where you need to file your bond. We will notarize the signature on your bond free if you pick it up at our office. If we mail you the bond you will need a notary to notarize your signature when you file it. Parking is at the State lot at the corner of Punchbowl & Halekauwila Street.*

### 3 EASY WAYS TO PAY...

1. Complete the Credit Card payment portion of this form. Then print and email, fax or mail it to our office.
2. Bring a check, credit card, or cash to our office with this completed form.
3. Wait for us to email you a LawPay Link to run the credit card, yourself, before your appointment.

**METHOD OF PAYMENT:**  In-Person (Cash, Check, Card)  LawPay  Email Link  Text Link  
 Check (enclosed)  Credit Card:  Master Card  Visa  Discover  American Express

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expire Date \_\_\_\_ / \_\_\_\_

AMX Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expire Date \_\_\_\_ / \_\_\_\_

*Cardholder acknowledges payment of premium in the amount shown above and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.*

\_\_\_\_\_  
Name of Cardholder (printed) Cardholder's Signature