



Your Bonding Resource Center!

LOST NOTE / MISSING BENEFICIARY BOND

SUBMISSION INSTRUCTIONS:

a) Please fill out the form and use the “Submit Application” button at the end of the page to deliver your form by email.

-OR-

b) You can fill out, print, then send or fax your completed form to Southwest Bonding Company.

INFORMATION NEEDED:

To complete a submission for a Lost Note/Missing Beneficiary Bond please forward the following items:

- 1) Completed Bond Request Sheet (attached)
- 2) Completed Application
- 3) Copy of the Preliminary Title Report
- 4) Copy of the Note (if available)
- 5) Copy of the Deed of Trust
- 6) Chain of Title Information
- 7) Evidence that the note was paid which may include copies of cancelled checks, payment books, or correspondence between trustor and beneficiary.
- 8) After submitting the application, please forward the original “wet ink” signed application, as we must have it order to release the bond. Premium is based on evidence of payment. In most cases we can place a demand into escrow for the bond premium. If you should have any questions, please contact the office nearest to you to discuss your case.

Texas

201 Main Street #600
Fort Worth, TX 76102
Phone: 817-349-6038
Fax: 817-349-6040
info@southwestbonding.com

San Diego

401 West A Street #1810
San Diego, CA 92101
Phone: 619-231-9522
Fax: 619-231-9545
sandiego@bondservices.com

Orange County

2700 N. Main St. #1105
Santa Ana, CA 92705
Phone: 888-558-3007
Fax: 714-558-8297
orangecounty@bondservices.com

Los Angeles

900 Wilshire Blvd #1400
Los Angeles, CA 90017
Phone: 213-628-2970
Fax: 213-628-2977
losangeles@bondservices.com

Inland Empire

290 W. Orange Show Rd. #109
San Bernardino, CA 92408
Phone: 909-890-1409
Fax: 909-890-4282
sanbernardino@bondservices.com

San Jose

55 South Market St. #1060
San Jose, CA 95113
Phone: 408-998-5056
Fax: 408-279-3160

Concord

2300 Clayton Road #1440
Concord, CA 94520
Phone: 925-676-2663
Fax: 925-676-2339
concord@bondservices.com

Sacramento

7221 South Land Park Drive
Sacramento, CA 95831
Phone: 916-424-0435
Fax: 916-424-0437
sacramento@bondservices.com

Arizona

20325 N. 51st Ave. #134
Glendale, AZ 85308
Phone: 623-362-0601
Fax: 623-362-2218
az@bondservices.com

LOST NOTE / DEED BOND APPLICATION

Applicant	Social Security Number
Spouse	Day Phone
Address	Evening Phone
Occupation	Own a Home? _____ Equity in Home \$ _____

NOTE INFORMATION

Maker (Trustor) _____
 Beneficiary _____
 Amount _____ Date Made _____ Date Payable _____ Date Paid _____

TRUST DEED INFORMATION

Trustee: _____
 Recorded in _____ County on _____ in Book _____ Page _____

ESCROW INFORMATION

Escrow Company _____ File (Escrow) No. _____ Phone No. _____

BOND INFORMATION (Note: Bond amount is determined by the Trustee, not the surety or escrow company.)

1. If note is paid, and evidence of payment is provided, premium is \$15.00 per \$1,000. of bond amount.	\$ _____ (bond amount) x 1.5% = \$ _____ (premium)	
2. If note is unpaid, premium is \$40.00 per \$1,000. of bond amount.	\$ _____ (bond amount) x 4% = \$ _____ (premium)	(Minimum Premium \$100.00)
3. If bond is to facilitate foreclosure, premium is \$20.00 per \$1,000. of bond amount.	\$ _____ (bond amount) x 4% = \$ _____ (premium)	

Summarize the facts related to the loss of the note.

Please provide the following additional items: **1.** A copy of a recent Preliminary Title Report on the property, **2.** A copy of the note if available, **3.** If available, send copies of canceled checks, payment books, etc., that prove that payment was made, **4.** A check for the bond premium.

FINANCIAL STATEMENT AS OF _____, 20 _____

Cash in Bank _____	Bank Loan _____
Securities (Marker) _____	Borrowed on Securities _____
Accounts Receivable _____	Accounts Payable _____
Notes Receivable _____	Notes Payable _____
Real Estate _____	Mortgage of Real Estate _____
Cash Value of Life Insurance _____	Other Liabilities _____
Other Assets _____	
Total _____	Total _____

Indemnity Agreement

T
A
B
i
N

Should American Contractors Indemnity Company ("Company") execute said bond the undersigned agree as follows:

1. To indemnify the Company and hold it harmless against all loss, liability, costs, and expenses of whatever kind and nature, including but not limited to, investigative, accounting, and the fees and disbursements of counsel which the Company sustains or incurs for or by reason of said bond.
2. If requested, to immediately place with the Company funds to meet any claim or demand before the Company makes payment.
3. To authorize the Company to adjust, settle, or compromise any claim or demand, suit or judgment upon said bond and to defend such suits and appeal such judgments.
4. To accept as prima facie evidence, voucher(s) and itemized statement(s) sworn to by officers of the Company in the event of payment(s) by the Company.
5. The Agreement shall bind the undersigned, their heirs, executors, administrators, successors and assigns.

Signature(s) of Applicant(s) for bond: _____ **Date:** _____

Applicant _____ Applicant _____

AGENT INFORMATION

Name _____	Phone _____
Address _____	Fax _____
City, State, Zip _____	HCCS Producer No. _____

Click the "Submit Application" button to send your secure online form to Southwest Bonding Company.