



STEP 1 - Select the bond you need.

1	2	3	4
\$ 2,000 Bond Good for 1 Year \$ 50	\$ 2,000 Bond Good for 4 Years \$100	\$ 3,000 Bond Good for 3 Years \$ 125.00	\$ 4,000 Bond + Call us 1-888-770-6397 (NEWS)
Circle the bond you need below 1 2 3 4		Bond Price \$ _____	
Bond Effective Date Requested ___/___/___		Add \$ 15 for 24 hours service + \$ _____	
		Total payable \$ _____	

STEP 2- Apply Now! (Copy & complete this form for each facility)

Applicant Name		Tax ID # or Social Security #	
Mailing Address <small>(Street and Number) (City) (State) (Zip)</small>			(Telephone #)
Facility Name			(Telephone #)
Facility Address <small>(Street and Number) (City) (State) (Zip)</small>			
Facility Type	Circle one	Circle one	Circle one
	<input type="checkbox"/> Residential Care <input type="checkbox"/> Intermediate Care <input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> Elderly	<input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Mentally Ill <input type="checkbox"/> Other
County			
Entity <small>Circle one</small> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Signature x			

Step 3 - Payment Methods

Make Check payable to **News Financial & Insurance Services, Inc.**

Payment by Fax: Please fax your **application** and **check** to: **Fax # (951) 696-0719**

Payment by Mail: Mail your **applicaton** and **check** to: **41961 Black Mountain Trail
Murrieta, CA 92562**



CALL TOLL FREE 1.888.770.NEWS (6397)

Complete Insurance Services Available

Bond - Liability - Property - Employment Practice Liability Insurance
 Workers Compensation - Directors & Officers Liability - Employee Benefits

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