

UNIPOINT INSURANCE SERVICES

Specializing in Surety Bonds, Garage Liability, & Worker's Compensation.
License 0719166

Tel. (714) 677-0843 * Fax (714) 677-0842

Mailing Address:
P. O. Box 726
Westminster, CA. 92684-0726

Street Address:
12652 Hoover St.
Garden Grove, CA. 92841-4173

DEALER LICENSE PACKAGE

FULL ATTACHMENTS – FORM 2

(TOTAL 19 PAGES INCLUDING THIS PAGE)

- ❖ EXHIBIT-1 (2pg): BUSINESS STRUCTURE (*REFERENCES*)
- ❖ EXHIBIT-2 (1pg): FLOW CHART
- ❖ EXHIBIT-3 (1pg): DMV DEALER LICENSE COSTS
- ❖ EXHIBIT-4 (1pg): LIMITED LIABILITY COMPANY ORDER FORM
- ❖ EXHIBIT-5 (1pg): INCORPORATION ORDER FORM
- ❖ EXHIBIT-6 (8pg): DEALER LICENSE DATA FORM
- ❖ EXHIBIT-7 (2pg): MULTI-BOND APPLICATION
- ❖ EXHIBIT-8 (2pg): AUTHORIZATION TO CHARGE CREDIT CARD
& DIRECT DEPOSIT

PLEASE SEND YOUR APPLICATION TO

unipoint.ins@gmail.com

Or FAX TO (714) 677 – 0842

THANK YOU FOR YOUR BUSINESS.

California Secretary of State Alex Padilla

Starting a Business – Entity Types

Once you decide to establish a business, a primary consideration is the type of business entity to form. Tax and liability issues, director and ownership concerns, as well as state and federal obligations pertaining to the type of entity should be considered when making your determination. Personal and personnel needs and the needs of your particular type of business should also be considered.

The following is a brief overview of various business structures. The information is intended to provide a basic understanding of the different business structures and is not intended to provide legal advice.

- [Corporation](#)
- [Limited Liability Company](#)
- [Limited Partnership](#)
- [General Partnership](#)
- [Limited Liability Partnership](#)
- [Sole Proprietorship](#)
- [Frequently Asked Questions](#)

Before you establish a business in the State of California, you should consult with a private attorney or tax advisor for advice about what type of business entity will meet your business needs, and what your legal obligations will be.

Corporation

A California corporation generally is a legal entity which exists separately from its owners. While normally limiting the owners from personal liability, taxes are levied on the corporation as well as on the shareholders. The sale of stocks or bonds can generate additional capital and the longevity of the corporation can continue past the death of the owners. Legal Counsel should be consulted regarding the variety of options available.

To form a corporation in California, Articles of Incorporation must be filed with the California Secretary of State's office. Forms for the most common types of Articles of Incorporation are available on our [Forms, Samples and Fees \(/business-programs/business-entities/forms/#cacorp\)](#) webpage. You may use the form or prepare your own statutorily compliant document.

[Back to Top](#)

Limited Liability Company (LLC)

A California LLC generally offers liability protection similar to that of a corporation but is taxed differently. Domestic LLCs may be managed by one or more managers or one or more members. In addition to filing the applicable documents with the Secretary of State, an operating agreement among the members as to the affairs of the LLC and the conduct of its business is required. The LLC does not file the operating agreement with the Secretary of State but maintains it at the office where the LLC's records are kept.

To form an LLC in California, [Articles of Organization \(/business-programs/business-entities/forms/#callic\)](#) (Form LLC-1) must be filed with the California Secretary of State's office.

[Back to Top](#)

Limited Partnership (LP)

A California LP may provide limited liability for some partners. There must be at least one general partner that acts as the controlling partner and one limited partner whose liability is normally limited to the amount of control or participation of the limited partner. General partners of an LP have unlimited personal liability for the LP's debts and obligation.

<http://www.sos.ca.gov/business-programs/business-entities/starting-business/types/>

To form an LP in California, a **Certificate of Limited Partnership (/business-programs/business-entities/forms/#calp)** (Form LP-1) must be filed with the California Secretary of State's office.

Back to Top

General Partnership (GP)

A California GP must have two or more persons engaged in a business for profit. Except as otherwise provided by law, all partners are liable jointly and severally for all obligations of the partnership unless agreed by the claimant. Profits are taxed as personal income for the partners.

To register a GP at the state level, a **Statement of Partnership Authority (/business-programs/business-entities/forms/#gp)** (Form GP-1) must be filed with the California Secretary of State's office. Note: Registering a GP at the state level *is optional*.

Back To Top

Limited Liability Partnership (LLP)

An LLP is a partnership that engages in the practice of public accountancy, the practice of law, the practice of architecture, the practice of engineering or the practice of land surveying, or provides services or facilities to a California registered LLP that practices public accountancy or law, or to a foreign LLP. An LLP is required to maintain certain levels of insurance as required by law.

To register an LLP in California, an **Application to Register a Limited Liability Partnership (/business-programs/business-entities/forms/#llp)** (Form LLP-1) must be filed with the California Secretary of State's office.

Back to Top

Sole Proprietorship

A sole proprietorship is set up to allow an individual to own and operate a business. A sole proprietor has total control, receives all profits from and is responsible for taxes and liabilities of the business. If a sole proprietorship is formed with a name other than the individual's name (example: John Smith's Fishing Shop), a Fictitious Business Name Statement must be filed with the county (<http://www.ca.gov/About/Government/Local/Counties/>) where the principal place of business is located.

No formation documents are filed with the California Secretary of State's office. Other state filings may be required depending on the type of business.

Back to Top

Frequently Asked Questions

Please see our **Frequently Asked Questions (/business-programs/business-entities/facts/)** webpage for answers to the most frequently asked business entity questions.

EXHIBIT-2

FLOW CHART

<i>Obligee(s)</i>	<i>Dept of Corp</i>	<i>DMV</i>	<i>B.O.E.</i> <small><i>(Board of Equalization)</i></small>	<i>City</i>	<i>Bond Carrier</i>
	1 OFFICER OR	1 OFFICER	ALL OFFICER(S)	ALL OFFICER(S)	ALL OFFICER(S)
	2 OFFICER OR				
	MORE OFFICERS				

EXHIBIT-3

DMV Dealer's License Costs

DMV Dealer Bond:	\$2% - 3 % of Penalty for good credit	\$5% - 15% of Penalty for slow credit
City License:	\$100 - \$300	\$ _____
County Clerk:	\$23 - \$43 for 5 years	\$ _____
Publication/Newspaper:	\$30 - \$60 for 5 years	\$ _____
Finger Print:	\$50 - \$60	\$ _____
DMV Application Fee:	\$176	\$ _____
Broker Endorsement:	\$100	\$ _____
Dealer Plate(s):	\$71 + County Fee	\$ _____
DMV Dealer Class	\$200 for group class	\$300 for private class
DMV Dealer Test:	\$16	_____
Corporation Cost:	\$300 (Regular) }	\$475 (Expedite) }
Corporation Typing Fee:	\$175 (Regular) } \$475	\$400 (Expedite) } \$875
Corp. Name Searching:	\$75	
Statement of Information:	\$25 (State fee must be paid by Client's Visa or Master Card)	
DMV Typing Service Fee:	\$750 (included DMV package, Auction package and copies for your records. Charge \$150 per one additional officer)	
Extra Service Fee:	Varied (depending on distance and travelling time to apply for city license, set up office and take pictures)	

Fee Charged Consent:

I/we hereby, the undersigned, agree to deposit to Unipoint Insurance Services the **non-refundable** amount of \$500.00 as a partial service fee. I/we have been informed that I am solely responsible for all data and contents in the application.

Notes:

Signature: _____ Date ____/____/____

LIMITED LIABILITY COMPANY ORDER FORM

Please be advised that we are not a Law Office or Associated with any Attorney or Law Firms. Therefore, we should not provide you with any legal advice or any related legal consultation. You should be solely responsible for any additional cost for any additional filing of the Corporation due to any misinformed information provided by you on your application of Incorporation. For your information we are using a specializing filing service company for your Incorporation.

The total cost for filing Limited Liability Company is \$475:

1. \$300 which includes:
 - a. State Fee
 - b. LLC Kit
 - c. Seal Embossment
 - d. Vendor Fee
2. \$175 Gathering info and service fee.

EXHIBIT-4

***** If you wish to expedite this service, the state charges an additional \$400.00**

PLEASE PROVIDE THE FOLLOWING:

- I. STATE OF INCORPORATION: ☐ CALIFORNIA ☐ OTHER : _____
- II. ☐ REGULAR (\$475) ☐ EXPEDITE FILING (\$475 + \$400 = \$875)
- III. THE NAME OF THE LIMITED LIABILITY COMPANY:
- 1ST CHOICE: _____
- 2ND CHOICE: _____
- 3RD CHOICE: _____
- IV. THE INITIAL STREET ADDRESS OF THE LLC:
- _____
- V. THE MAILING ADDRESS OF THE LLC, IF DIFFERENT FROM INITIAL ADDRESS:
- _____
- VI. REGISTERED AGENT OF LIMITED LIABILITY COMPANY:
- NAME OF AGENT: _____
- STREET ADDRESS: _____
- CITY: _____ STATE _____ ZIP: _____
- TEL-CELL: _____ FAX: _____

I understand and agree with the term and condition listed above.

X _____

Date: ____/____/____

Printed Name: _____

INCORPORATION ORDER FORM

Please be advised that we are not a Law Office or Associated with any Attorney or Law Firms. Therefore, we should not provide you with any legal advice or any related legal consultation. You should be solely responsible for any additional cost for any additional filing of the Corporation due to any misinformed information provided by you on your application of Incorporation. For your information we are using a specializing filing service company for your Incorporation.

The total cost for filing Incorporation is \$475:

1. \$300 which includes:
 - a. State Fee
 - b. Corporate Kit
 - c. Seal Embossment
 - d. Vendor Fee
2. \$175 Gathering info and service fee.

EXHIBIT-5

***** If you wish to expedite this service, the state charges an additional \$400.00**

PLEASE PROVIDE THE FOLLOWING:

- I. STATE OF INCORPORATION: ☐ CALIFORNIA ☐ OTHER : _____
- II. ☐ REGULAR (\$475) ☐ EXPEDITE FILING (\$475 + \$400 = \$875)
- III. THE NAME OF THE CORPORATION:
1ST CHOICE: _____
2ND CHOICE: _____
3RD CHOICE: _____
- IV. THE NUMBER OF SHARES OF STOCK WILL BE: _____
- V. THE INITIAL STREET ADDRESS OF THE CORPORATION WILL BE: _____
- VI. INITIAL MAILING ADDRESS OF CORPORATION, IF DIFFERENT FROM INITIAL ADDRESS: _____
- VII. NAME OF CORPORATION AGENT: _____
STREET ADDRESS: _____
CITY: _____ STATE _____ ZIP: _____
TEL-CELL: _____ FAX: _____

I understand and agree with the term and condition listed above.

X _____

Date: _____

Printed Name: _____

Unipoint Insurance Services

Tel. 714-677-0843 * Fax 714-677-0842
DEALER LICENSE DATA FORM

EXHIBIT-6

SECTION A:

1. PLEASE CHECK BOX THAT YOU WISH TO APPLY:

- ☐ DEALER USED (RETAIL + WHOLESALE = 50K BOND)
☐ WHOLESALE (DEALER TO DEALER ==> ☐ 10K or ☐ 50K BOND)
☐ LESSOR & RETAILER (50K BOND)
☐ AUTO BROKER (50K BOND)
☐ OTHER

2. YOUR OWNERSHIP IS:

- ☐ INDIVIDUAL/SOLE PROPRIETOR (COMPLETE SECTION-B, 1.1 to 1.13 & C1)
☐ 2-PARTNERSHIP (COMPLETE SECTION-B, 1.1 to 1.13 & 2.1 to 2.13 & C1, C2)
☐ 3-PARTNERSHIP (COMPLETE SECTION-B, 1.1 to 1.13 & 3.1 to 3.13 & C1, C2, C3)
☐ CORP. 1-OFFICER (COMPLETE SECTION-B, 1.1 to 1.13 & C1)
☐ CORP. 2-3-OFFICERS (COMPLETE SECTION-B, 1.1 to 1.13 & 2.1 to 3.13 & C1, C2, C3) ☐
LLC. 1-OFFICER (COMPLETE SECTION-B, 1.1 to 1.13 & C1)
☐ LLC. 2-3-OFFICERS (COMPLETE SECTION-B, 1.1 to 1.13 & 2.1 to 3.13 & C1, C2, C3)

3. DEALER LOCATION-1:

CORPORATION NAME: _____
DBA - BUSINESS NAME: _____
ADDRESS: _____
TEL. _____ FAX _____ EMAIL: _____
☐ OWNED ☐ RENT PROPERTY
LANDLORD NAME: _____
FULL ADDRESS: _____
TEL. _____ RENTAL TERM: FROM _____ - _____
OFFICE AREA: _____ Sqft. DISPLAY AREA: _____ Sqft.

4. DEALER LOCATION-2:

DBA - BUSINESS NAME: _____
ADDRESS: _____
TEL. _____ FAX _____
☐ OWNED ☐ RENT PROPERTY
LANDLORD NAME: _____
FULL ADDRESS: _____
TEL. _____ RENTAL TERM: FROM _____ - _____
OFFICE AREA: _____ Sqft. DISPLAY AREA: _____ Sqft.

MAILING ADDRESS: ☐ BUS. ☐ HOME: _____

5. VEHICLES WISH TO BE SOLD:

_____ DEALER PLATES

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> AUTO/COMMERCIAL | <input type="checkbox"/> RECREATIONAL | <input type="checkbox"/> TRAILERS |
| <input type="checkbox"/> MOTORCYCLES | <input type="checkbox"/> ALL-TERRIAN VEHICLE | <input type="checkbox"/> SNOWMOBILES |

6. BUSINESS BANK NAME:

FULL ADDRESS: _____
TEL. _____ ACCOUNT #. _____
NAME PERSON TO SIGN THIS CHECK: _____
BUS. NAME ON TOP OF LEFT CORNER CHECK: _____

EXHIBIT-6.1

SECTION B:

PLEASE PROVIDE YOUR PERSONAL INFORMATION TO APPLY FOR TAX ID NUMBER, SELLER'S PERMIT, CITY LICENSE, DMV LICENSE. ALL LETTERS MUST BE IN CAPITAL TO AVOID TYPO. ALL YOUR PERSONAL INFORMATION WILL NOT BE STORED AT UNIPOINT INSURANCE SERVICES AFTER THE PAPERWORK IS COMPLETED.

1. YOUR PERSONAL INFORMATION:

- 1.1 NAME ON DRIVER LICENSE: _____
1.2 AKA OR USED ANY OTHER NAME: _____
1.3 DRIVER LICENSE # _____ EXPIRATION _____
1.4 BIRTHDAY: _____ SEX: ☐ MALE ☐ FEMALE
1.5 HAIR COLOR _____ EYE COLOR _____
1.6 HEIGHT: _____ WEIGHT _____ LBS
1.7 S.S.N.: _____ EMAIL: _____
1.8 HOME ADDRESS: _____

- 1.9 HOME PHONE: _____ CELL: _____

- 1.10 **REFERENCE PERSON NOT LIVING W/ YOU:** _____
HOME ADDRESS: _____
PHONE: _____

1.11. EMPLOYMENT HISTORY FOR THE PAST THREE YEARS:

- A. **FROM:** ____/____/____ **TO NOW**
EMPLOYER NAME: _____
ADDRESS: _____
TYPE OF BUSINESS: _____
JOB TITLE/DUTIES PERFORMED: _____

- B. **FROM:** ____/____/____ **TO** ____/____/____
EMPLOYER NAME: _____
ADDRESS: _____
TYPE OF BUSINESS: _____
JOB TITLE/DUTIES PERFORMED: _____

- C. **FROM:** ____/____/____ **TO** ____/____/____
EMPLOYER NAME: _____
ADDRESS: _____
TYPE OF BUSINESS: _____
JOB TITLE/DUTIES PERFORMED: _____

- D. **HAVE YOU PREVIOUS OR CURRENT LICENSE:** SALESPERSON.
DEALER, DISTRIBUTOR, REPRESENTATIVE, REGISTRATION
SERVICES, DISMANTLER, MANUFACTURER, REMANUFACTURER,
TRANSPORTER, VEHICLE VERIFIER, LESSOR-RETAILER, DRIVING
SCHOOL OWNER, OPERATOR OR INSTRUCTOR OR ALL-TERRAIN
VEHICLE SAFETY TRAINING ORGANIZATION OR INSTRUCTOR?
☐ NO ☐ YES, LIST LICENSE # _____

1.12 EDUCATION:

- A. HIGH SCHOOL: #_____yrs, GRADUATED? []Y []N DATE: _____
HIGH SCHOOL NAME: _____
ADDRESS: _____
- B. COLLEGE: #_____yrs, GRADUATED? []Y []N DATE: _____
COLLEGE NAME: _____
ADDRESS: _____
- C. OTHER EDUCATION: #_____yrs, GRADUATED? []Y []N DATE: _____
NAME: _____
ADDRESS: _____

1.13 COMPLETE THE QUESTIONNAIRE [SECTION-C1, EXHIBIT-6.6]

2. PARTNER'S OR CORPORATE OFFICER'S PERSONAL INFORMATION:

- 2.1 NAME ON DRIVER LICENSE: _____
- 2.2 AKA OR USED ANY OTHER NAME: _____
- 2.3 DRIVER LICENSE # _____ EXPIRATION _____
- 2.4 BIRTHDAY: _____ SEX: [] MALE [] FEMALE
- 2.5 HAIR COLOR _____ EYE COLOR _____
- 2.6 HEIGHT: _____ WEIGHT _____ LBS
- 2.7 S.S.N.: _____ EMAIL ADDRESS: _____
- 2.8 HOME ADDRESS: _____
- 2.9 HOME PHONE: _____ CELL: _____
- 2.10 NAME PERSON REFERENCE NOT LIVING W/ YOU: _____
PHONE: _____
ADDRESS: _____
- 2.11 **EMPLOYMENT HISTORY FOR THE PAST THREE YEARS:**
- A. FROM: ____/____/____ TO NOW
EMPLOYER NAME: _____
ADDRESS: _____
TYPE OF BUSINESS: _____
JOB TITLE/DUTIES PERFORMED: _____
- B. FROM: ____/____/____ TO ____/____/____
EMPLOYER NAME: _____
ADDRESS: _____
TYPE OF BUSINESS: _____
JOB TITLE/DUTIES PERFORMED: _____
- C. FROM: ____/____/____ TO ____/____/____
EMPLOYER NAME: _____
ADDRESS: _____
TYPE OF BUSINESS: _____
JOB TITLE/DUTIES PERFORMED: _____

D. HAVE YOU PREVIOUS OR CURRENT LICENSE: SALESPERSON, DEALER, DISTRIBUTOR, REPRESENTATIVE, REGISTRATION SERVICES, DISMANTLER, MANUFACTURER, REMANUFACTURER, TRANSPORTER, VEHICLE VERIFIER, LESSOR-RETAILER, DRIVING SCHOOL OWNER, OPERATOR OR INSTRUCTOR OR ALL-TERRAIN VEHICLE SAFETY TRAINING ORGANIZATION OR INSTRUCTOR?
[] NO [] YES, LIST LICENSE # _____

2.12 EDUCATION:

A. HIGH SCHOOL, #_____yrs, GRADUATED? [] Y [] N Date: _____
HIGH SCHOOL NAME: _____
ADDRESS: _____

B. COLLEGE: #_____yrs, GRADUATED? [] Y [] N DATE: _____
COLLEGE NAME: _____
ADDRESS: _____

C. OTHER EDUCATION: #_____yrs, GRADUATED? [] Y [] N DATE: _____
NAME: _____
ADDRESS: _____

2.13 COMPLETE THE QUESTIONNAIRE [SECTION-C2, EXHIBIT-6.7]

3. PARTNER'S OR CORPORATE OFFICER'S PERSONAL INFORMATION:

3.1 NAME IS ON DRIVER LICENSE: _____

3.2 AKA OR USED ANY OTHER NAME: _____

3.3 RIVER LICENSE # _____ EXPIRATION _____

3.4 BIRTHDAY: _____ SEX: [] MALE [] FEMALE

3.5 HAIR COLOR _____ EYE COLOR _____

3.6 HEIGHT: _____ WEIGHT _____ LBS

3.7 S.S.N.: _____ EMAIL ADDRESS: _____

3.8 HOME ADDRESS: _____

3.9 HOME PHONE: _____ CELL: _____

3.10 REFERENCE PERSON NOT LIVING W/ YOU: _____

HOME ADDRESS: _____

PHONE: _____

3.11 EMPLOYMENT HISTORY FOR THE PAST THREE YEARS:

A. FROM: _____ / _____ TO NOW

EMPLOYER NAME: _____

ADDRESS: _____

TYPE OF BUSINESS: _____

JOB TITLE/DUTIES PERFORMED: _____

B. FROM: _____ / _____ TO _____ / _____

EMPLOYER NAME: _____

ADDRESS: _____

TYPE OF BUSINESS: _____

JOB TITLE/DUTIES PERFORMED: _____

C. FROM: ____/____/____ TO ____/____/____

EMPLOYER NAME: _____

ADDRESS: _____

TYPE OF BUSINESS: _____

JOB TITLE/DUTIES PERFORMED: _____

D. ARE YOU PREVIOUSLY OR CURRENTLY LICENSE: SALESPERSON.
DEALER, DISTRIBUTOR, REPRESENTATIVE, REGISTRATION
SERVICES, DISMANTLER, MANUFACTURER, REMANUFACTURER,
TRANSPORTER, VEHICLE VERIFIER, LESSOR-RETAILER, DRIVING
SCHOOL OWNER, OPERATOR OR INSTRUCTOR OR ALL-TERRAIN
VEHICLE SAFETY TRAINING ORGANIZATION OR INSTRUCTOR?
[] NO [] YES, LIST LICENSE # _____

3.12 EDUCATION:

A. HIGH SCHOOL, #____yrs, GRADUATED? []Y []N Date: _____

HIGH SCHOOL NAME: _____

ADDRESS: _____

B. COLLEGE: #____yrs, GRADUATED? []Y []N DATE: _____

COLLEGE NAME: _____

ADDRESS: _____

C. OTHER EDUCATION: #____yrs, GRADUATED? []Y []N DATE: _____

NAME: _____

ADDRESS: _____

3.13 COMPLETE THE QUESTIONNAIRE [SECTION-C3, EXHIBIT-6.8]

REMARKS:

CONSENT

I/WE HEREBY CONFIRM THE ABOVE INFORMATION IS CORRECT. I/WE UNDERSTAND THAT:

1. UNIPOINT INSURANCE SERVICES WILL HELP ME/US RE-TYPE THE ABOVE INFORMATION TO PROPER APPLICATIONS.
2. UNIPOINT INSURANCE SERVICES WILL HELP ME/US TO APPLY FOR TAX ID NUMBER, SELLER'S PERMIT, CITY LICENSE AND SUBMIT SI-550 ON MY/OUR BEHALF.
3. UNIPOINT INSURANCE SERVICES WILL NOT PROVIDE ME/US ANY LEGAL ADVICE.

1X _____ DATE ____/____/____ 2X _____ DATE ____/____/____

3X _____ DATE ____/____/____

EXHIBIT-6.5

SECTION C-1

DMV USE ONLY
OCCUPATIONAL LICENSING NUMBER

2. Have you previously been or are you now licensed or have you ever applied in this state as a vehicle salesperson, representative, distributor, dealer, registration service, dismantler, manufacturer, remanufacturer, transporter, vehicle verifier, lessor-retailer, driving school owner, operator, or instructor, traffic violator school owner, operator or instructor or all-terrain vehicle safety training organization or instructor? ☐ YES ☐ NO

IF YES, LIST LICENSE NUMBER

3. Have you ever had a business or occupational license issued by this department or an application for such license refused, revoked, suspended or subjected to other disciplinary action or were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by this department, and the license was revoked, suspended or subject to other disciplinary action? ☐ YES ☐ NO

IF YES, LIST LICENSE NUMBER, TYPE OF LICENSE, ACTION BY DEPARTMENT, AND DATE OF ACTION.

4. Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities of a license, and that license was revoked or suspended for cause and was never reissued, or was suspended for cause, and the terms of suspension have not been fulfilled? ☐ YES ☐ NO

IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED.

5. Have you ever had a civil judgment rendered against you, or as a sole owner, partner, managerial employee, public administrator, officer, director, stockholder, or LLP/LLC managing member? ☐ YES ☐ NO
If yes, was it a result of a state issued licensed activity? ☐ YES ☐ NO

IF YES, STATE THE AMOUNT AND WHETHER PAID OR UNPAID

IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED, NAME AND LOCATION OF COURT OF JURISDICTION

6. Have you as a sole owner, partner, managerial employee, officer, director, stockholder, or LLP/LLC managing member sought relief from creditors due to financial hardship in either state or federal court? ☐ YES ☐ NO

IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED, GIVE DATE BANKRUPTCY FILED, NAME AND LOCATION OF COURT OF JURISDICTION

7. Do you currently have any criminal charges pending against you in any jurisdiction? ☐ YES ☐ NO

IF YES, STATE THE COURT, CASE NUMBER AND THE NATURE OF THE CHARGES

8. Have you ever: (If "YES" give details below.)
- (a) Been dismissed, fired, demoted, had your salary or compensation reduced or had any other adverse action taken against you, for any reason? ☐ YES ☐ NO
 - (b) Resigned from or quit a position while you were under investigation or after being informed discipline would be taken against you, or during an appeal from a disciplinary action? ☐ YES ☐ NO
 - (c) Been rejected or told you would not receive permanent or continued employment during any type of probationary or trial period on the job? ☐ YES ☐ NO
 - (d) If the termination, demotion or other adverse action from employment involved any civil or administrative case, please state court or agency and case number. ☐ YES ☐ NO

DETAILS: (ATTACH SEPERATE SHEET IF ADDITIONAL SPACE IS NEEDED)

9. **ALL APPLICANTS:**
EXCLUDING TRAFFIC OFFENSES, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of **ANY** jurisdiction, **within the last ten years?** Read **Important Notice** on the next page and complete Section 5. ☐ YES ☐ NO

10. **APPLICANTS FOR DRIVING SCHOOL OWNER, TRAFFIC VIOLATOR SCHOOL OWNER, ALL-TERRAIN VEHICLE SAFETY TRAINING ORGANIZATION OWNER:**
INCLUDING TRAFFIC OFFENSES, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of **ANY** jurisdiction, **within the last ten years?** Read **Important Notice** on the next page and complete Section 5. ☐ YES ☐ NO

EXHIBIT-6.6

OL 29B (REV. 6/2014) WWW

SECTION C-2

DMV USE ONLY
OCCUPATIONAL LICENSING NUMBER

2. Have you previously been or are you now licensed or have you ever applied in this state as a vehicle salesperson, representative, distributor, dealer, registration service, dismantler, manufacturer, remanufacturer, transporter, vehicle verifier, lessor-retailer, driving school owner, operator, or instructor, traffic violator school owner, operator or instructor or all-terrain vehicle safety training organization or instructor? ☐ YES ☐ NO

IF YES, LIST LICENSE NUMBER

3. Have you ever had a business or occupational license issued by this department or an application for such license refused, revoked, suspended or subjected to other disciplinary action or were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by this department, and the license was revoked, suspended or subject to other disciplinary action? ☐ YES ☐ NO

IF YES, LIST LICENSE NUMBER, TYPE OF LICENSE, ACTION BY DEPARTMENT, AND DATE OF ACTION.

4. Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities of a license, and that license was revoked or suspended for cause and was never reissued, or was suspended for cause, and the terms of suspension have not been fulfilled? ☐ YES ☐ NO

IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED.

5. Have you ever had a civil judgment rendered against you, or as a sole owner, partner, managerial employee, public administrator, officer, director, stockholder, or LLP/LLC managing member? ☐ YES ☐ NO
If yes, was it a result of a state issued licensed activity? ☐ YES ☐ NO

IF YES, STATE THE AMOUNT AND WHETHER PAID OR UNPAID

IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED, NAME AND LOCATION OF COURT OF JURISDICTION

6. Have you as a sole owner, partner, managerial employee, officer, director, stockholder, or LLP/LLC managing member sought relief from creditors due to financial hardship in either state or federal court? ☐ YES ☐ NO

IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED, GIVE DATE BANKRUPTCY FILED, NAME AND LOCATION OF COURT OF JURISDICTION

7. Do you currently have any criminal charges pending against you in any jurisdiction? ☐ YES ☐ NO

IF YES, STATE THE COURT, CASE NUMBER AND THE NATURE OF THE CHARGES

8. Have you ever: (If "YES" give details below.)
- (a) Been dismissed, fired, demoted, had your salary or compensation reduced or had any other adverse action taken against you, for any reason? ☐ YES ☐ NO
 - (b) Resigned from or quit a position while you were under investigation or after being informed discipline would be taken against you, or during an appeal from a disciplinary action? ☐ YES ☐ NO
 - (c) Been rejected or told you would not receive permanent or continued employment during any type of probationary or trial period on the job? ☐ YES ☐ NO
 - (d) If the termination, demotion or other adverse action from employment involved any civil or administrative case, please state court or agency and case number. ☐ YES ☐ NO

DETAILS: (ATTACH SEPERATE SHEET IF ADDITIONAL SPACE IS NEEDED)

9. **ALL APPLICANTS:**
EXCLUDING TRAFFIC OFFENSES, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of **ANY** jurisdiction, **within the last ten years?** Read **Important Notice** on the next page and complete Section 5. ☐ YES ☐ NO

10. **APPLICANTS FOR DRIVING SCHOOL OWNER, TRAFFIC VIOLATOR SCHOOL OWNER, ALL-TERRAIN VEHICLE SAFETY TRAINING ORGANIZATION OWNER:**
INCLUDING TRAFFIC OFFENSES, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of **ANY** jurisdiction, **within the last ten years?** Read **Important Notice** on the next page and complete Section 5. ☐ YES ☐ NO

EXHIBIT-6.7

OL 29B (REV. 6/2014) WWW

SECTION C-3

DMV USE ONLY

OCCUPATIONAL LICENSING NUMBER

2. Have you previously been or are you now licensed or have you ever applied in this state as a vehicle salesperson, representative, distributor, dealer, registration service, dismantler, manufacturer, remanufacturer, transporter, vehicle verifier, lessor-retailer, driving school owner, operator, or instructor, traffic violator school owner, operator or instructor or all-terrain vehicle safety training organization or instructor? ☐ YES ☐ NO

IF YES, LIST LICENSE NUMBER

3. Have you ever had a business or occupational license issued by this department or an application for such license refused, revoked, suspended or subjected to other disciplinary action or were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by this department, and the license was revoked, suspended or subject to other disciplinary action? ☐ YES ☐ NO

IF YES, LIST LICENSE NUMBER, TYPE OF LICENSE, ACTION BY DEPARTMENT, AND DATE OF ACTION.

4. Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities of a license, and that license was revoked or suspended for cause and was never reissued, or was suspended for cause, and the terms of suspension have not been fulfilled? ☐ YES ☐ NO

IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED.

5. Have you ever had a civil judgment rendered against you, or as a sole owner, partner, managerial employee, public administrator, officer, director, stockholder, or LLP/LLC managing member? ☐ YES ☐ NO
If yes, was it a result of a state issued licensed activity? ☐ YES ☐ NO

IF YES, STATE THE AMOUNT AND WHETHER PAID OR UNPAID

IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED, NAME AND LOCATION OF COURT OF JURISDICTION

6. Have you as a sole owner, partner, managerial employee, officer, director, stockholder, or LLP/LLC managing member sought relief from creditors due to financial hardship in either state or federal court? ☐ YES ☐ NO

IF YES, DESCRIBE TYPE OF LICENSE, LIST LICENSE NUMBER, STATE LICENSE WAS ISSUED, GIVE DATE BANKRUPTCY FILED, NAME AND LOCATION OF COURT OF JURISDICTION

7. Do you currently have any criminal charges pending against you in any jurisdiction? ☐ YES ☐ NO

IF YES, STATE THE COURT, CASE NUMBER AND THE NATURE OF THE CHARGES

8. Have you ever: (If "YES" give details below.)
- (a) Been dismissed, fired, demoted, had your salary or compensation reduced or had any other adverse action taken against you, for any reason? ☐ YES ☐ NO
 - (b) Resigned from or quit a position while you were under investigation or after being informed discipline would be taken against you, or during an appeal from a disciplinary action? ☐ YES ☐ NO
 - (c) Been rejected or told you would not receive permanent or continued employment during any type of probationary or trial period on the job? ☐ YES ☐ NO
 - (d) If the termination, demotion or other adverse action from employment involved any civil or administrative case, please state court or agency and case number. ☐ YES ☐ NO

DETAILS: (ATTACH SEPERATE SHEET IF ADDITIONAL SPACE IS NEEDED)

9. **ALL APPLICANTS:**
EXCLUDING TRAFFIC OFFENSES, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of **ANY** jurisdiction, **within the last ten years?** Read **Important Notice** on the next page and complete Section 5. ☐ YES ☐ NO

10. **APPLICANTS FOR DRIVING SCHOOL OWNER, TRAFFIC VIOLATOR SCHOOL OWNER, ALL-TERRAIN VEHICLE SAFETY TRAINING ORGANIZATION OWNER:**
INCLUDING TRAFFIC OFFENSES, have you ever been CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION for any crime or offense, either Felony or Misdemeanor, of **ANY** jurisdiction, **within the last ten years?** Read **Important Notice** on the next page and complete Section 5. ☐ YES ☐ NO

EXHIBIT-6.8

OL 29B (REV. 6/2014) WWW

Unipoint Insurance Services

License 0719166

PO BOX 726, Westminster, CA 92684

Tel: 714-677-0843 * Fax 714-677-0842

Email: unipoint.ins@gmail.com

Multi – Bond Application Form - 1

SECTION A		BOND INFORMATION	
TYPE OF BOND: <input type="checkbox"/> RETAIL <input type="checkbox"/> AUTO BROKER <input type="checkbox"/> WHOLESALERS <input type="checkbox"/> OTHER _____		BOND AMOUNT \$____,000 other: \$_____	EFFECTIVE DATE

SECTION B		BUSINESS INFORMATION	
BUSINESS ENTITY: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION* # _____ <input type="checkbox"/> LLC OR LLP* # _____ *Corporation, LLC or LLP – if you have more than ONE company officer, please fill out the form 1 again for additional officer.			
NEW VENTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: LICENSE #:	YEAR LICENSED	YEAR EXPERIENCE
BUSINESS NAME APPEAR ON THE BOND			
BUSINESS ADDRESS		CITY	STATE ZIP CODE
BUSINESS PHONE #	FAX #:	EMAIL:	

***CLEARLY PRINT YOUR FULL NAME SHOWN ON YOUR DRIVER'S LICENSE**

SECTION C		PERSONAL INFORMATION – OWNER/OFFICER	
NAME APPEAR ON DRIVER LICENSE		TITLE OF BUSINESS	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED
DATE OF BIRTH	SOCIAL SECURITY #	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER LICENSE # OWNERSHIP %
HOME ADDRESS		CITY	STATE ZIP CODE
CELL PHONE #	HOME PHONE #	OTHER #	
SPOUSE NAME	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
DO YOU OR YOUR SPOUSE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN HOUSE <input type="checkbox"/> COMMERCIAL PROPERTY		
HAVE YOU, YOUR SPOUSE OR COMPANY EVER: Operated under another name or location? <input type="checkbox"/> Yes <input type="checkbox"/> No Failed in any business venture? <input type="checkbox"/> Yes <input type="checkbox"/> No Declared Chapter <input type="checkbox"/> 7, <input type="checkbox"/> 11, or <input type="checkbox"/> 13 Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Had unsatisfied judgments/undisputed collection? <input type="checkbox"/> Yes <input type="checkbox"/> No Been declined for this bond? <input type="checkbox"/> Yes <input type="checkbox"/> No Have any bond claims history? <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to federal/state tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No Net worth 5 X's the bond amount? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES to any of the questions above, explain in details: _____ I AUTHORIZE THE SURETY COMPANY TO VERIFY THE ABOVE AND OBTAIN ADDITIONAL INFORMATION FROM ANY SOURCE, INCLUDING OBTAINING A CREDIT REPORT AT THE TIME OF OPERATION. Sign this _____ day of _____, 20____ X_____			

Unipoint Insurance Services

License 0719166

PO BOX 726, Westminster, CA 92684

Tel: 714-677-0843 * Fax 714-677-0842

Email: unipoint.ins@gmail.com

Multi – Bond Application Form - 1

SECTION A		BOND INFORMATION	
TYPE OF BOND: <input type="checkbox"/> RETAIL <input type="checkbox"/> AUTO BROKER <input type="checkbox"/> WHOLESALERS <input type="checkbox"/> OTHER _____		BOND AMOUNT \$____,000 other: \$_____	EFFECTIVE DATE

SECTION B		BUSINESS INFORMATION	
BUSINESS ENTITY: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION* # _____ <input type="checkbox"/> LLC OR LLP* # _____ *Corporation, LLC or LLP – if you have more than ONE company officer, please fill out the form 1 again for additional officer.			
NEW VENTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: LICENSE #:	YEAR LICENSED	YEAR EXPERIENCE
BUSINESS NAME APPEAR ON THE BOND			
BUSINESS ADDRESS		CITY	STATE ZIP CODE
BUSINESS PHONE #	FAX #:	EMAIL:	

***CLEARLY PRINT YOUR FULL NAME SHOWN ON YOUR DRIVER'S LICENSE**

SECTION C		PERSONAL INFORMATION – OWNER/OFFICER	
NAME APPEAR ON DRIVER LICENSE		TITLE OF BUSINESS	<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED
DATE OF BIRTH	SOCIAL SECURITY #	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER LICENSE # OWNERSHIP %
HOME ADDRESS		CITY	STATE ZIP CODE
CELL PHONE #	HOME PHONE #	OTHER #	
SPOUSE NAME	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
DO YOU OR YOUR SPOUSE	<input type="checkbox"/> RENT <input type="checkbox"/> OWN HOUSE <input type="checkbox"/> COMMERCIAL PROPERTY		
HAVE YOU, YOUR SPOUSE OR COMPANY EVER:			
Operated under another name or location?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Been declined for this bond? <input type="checkbox"/> Yes <input type="checkbox"/> No
Failed in any business venture?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any bond claims history? <input type="checkbox"/> Yes <input type="checkbox"/> No
Declared Chapter <input type="checkbox"/> 7, <input type="checkbox"/> 11, or <input type="checkbox"/> 13 Bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Subject to federal/state tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No
Had unsatisfied judgments/undisputed collection?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Net worth 5 X's the bond amount? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the questions above, explain in details: _____			
I AUTHORIZE THE SURETY COMPANY TO VERIFY THE ABOVE AND OBTAIN ADDITIONAL INFORMATION FROM ANY SOURCE, INCLUDING OBTAINING A CREDIT REPORT AT THE TIME OF OPERATION.			
Sign this _____ day of _____, 20____ X_____			

UNIPOINT INSURANCE SERVICES

Specializing in Surety Bonds, Garage Liability & Worker's Compensation.

License 0719166

Tel. (714) 677-0843 * Fax (714) 677-0842

EXHIBIT-8.1

Mailing Address:
P. O. Box 726
Westminster, CA. 92684-0726

Physical Address:
12672 Hoover St.
Garden Grove, CA. 92841-4173

AUTHORIZATION TO CHARGE CREDIT CARD


For payment of Bond/Insurance Premium or services Thereof

The undersigned, acknowledges that a service fee of \$5.00 will be charge for any credit(s) returned to the credit/debit card below. The card number below may be used to pay for services and premium when it becomes due until this authorization is cancelled in writing provided by the undersigned. However, if the bond/insurance is non-cancelable, this authorization will remain in full force and effect until such time as the bond/insurance obligation referred to herein is fully exonerated and discharged.

PLEASE FULLY COMPLETE:

Name on Card:	_____
Billing Address:	_____
City:	_____ State: _____ Zip Code: _____
Card No.:	_____
Expiration Date:	_____ CVV # (3 or 4 digit): _____
Amount: \$	_____
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover

I hereby declare, that I am the holder of the credit/debit card above, or have been authorized by the holder of said card, to use it to pay the premium(s) for surety bond/insurance or services. I recognize that an additional service fee of \$5.00 will be charged against the credit/debit card and the fee will not be refundable.

Card Holder:  _____ Date: _____
SIGNATURE

PRINT NAME

BUSINESS NAME (DBA)

BOND NO.

Contact #: (_____) _____ - _____

EXHIBIT-8.2

DEPOSIT TICKET
TO BE USED FOR DEPOSIT TRANSACTIONS ONLY

UNIPOINT INSURANCE SERVICES

PO Box 726
Westminster, CA 92684

☐ CASH
INCLUDING COINS ▶

List
Checks _____
Singly _____

DATE _____
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

TOTAL
ITEMS _____
OR TOTAL FROM REVERSE

☐ SUB TOTAL ▶

SIGN HERE ONLY IF CASH RECEIVED FROM DEPOSIT

☐ LESS CASH
RECEIVED ▶

Wells Fargo Bank
California

\$

DO NOT USE DEPOSIT TICKET ROUTING # FOR
AUTOMATIC PAYMENTS. USE VOIDED CHECK

⑆511400393⑆ 3122650744⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE AND ANY APPLICABLE COLLECTION AGREEMENT.