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# CB&MS

Construction Bonding & Management  
 Services of Washington, Inc.

## License Bond Application

### BUSINESS INFORMATION

TYPE OF BOND	BOND EFFECTIVE DATE	CONTRACTOR'S REGISTRATION NO.	NO. OF OWNERS	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C.
BUSINESS NAME (MUST BE EXACTLY AS IT IS TO APPEAR ON BOND) PRINT			BUSINESS PHONE NUMBER	DATE BUSINESS ESTABLISHED
BUSINESS ADDRESS			CITY	STATE      ZIP
PREVIOUSLY BONDED BY		NATURE OF BUSINESS		UBI No.
BUSINESS EXPERIENCE				

**HAVE YOU (OR ANY OTHER PARTNER OR OFFICER):**

- |   |   |
|---|---|
| 1. EVER FAILED IN BUSINESS?      YES <input type="checkbox"/> NO <input type="checkbox"/>         | 5. EVER HAD PRIOR/PENDING TAX LIENS?      YES <input type="checkbox"/> NO <input type="checkbox"/>          |
| 2. EVER DECLARED BANKRUPTCY?      YES <input type="checkbox"/> NO <input type="checkbox"/>        | 6. EVER HAD ANY OTHER LIENS?      YES <input type="checkbox"/> NO <input type="checkbox"/>                  |
| 3. EVER HAD A BOND CANCELLED?      YES <input type="checkbox"/> NO <input type="checkbox"/>       | 7. EVER HAD CLAIMS AGAINST YOUR BOND?      YES <input type="checkbox"/> NO <input type="checkbox"/>         |
| 4. EVER BEEN CONVICTED OF A FELONY?      YES <input type="checkbox"/> NO <input type="checkbox"/> | 8. EVER BEEN DECLINED BY ANOTHER BONDING CO.?      YES <input type="checkbox"/> NO <input type="checkbox"/> |

**IF YOU ANSWERED YES TO ANY OF THE ABOVE, ATTACH EXPLANATION**

BUSINESS BANK REFERENCE	BRANCH	ADDRESS	CITY	SAVINGS #	CHECKING #
BUSINESS TRADE REFERENCE	NAME	ADDRESS	CITY	PHONE	

### PERSONAL INFORMATION FOR APPLICANT, PARTNERS, STOCKHOLDERS AND SPOUSES

<b>1.</b> NAME OF INDEMNITOR <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	<b>2.</b> NAME OF INDEMNITOR <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED		
SOC. SECURITY NO. (INDEMNITOR)	DATE OF BIRTH	SOC. SECURITY NO. (INDEMNITOR)	DATE OF BIRTH
HOME PHONE NUMBER	NAME OF SPOUSE	HOME PHONE NUMBER	NAME OF SPOUSE
PERSONAL BANK NAME AND CITY	BANK PHONE NUMBER	PERSONAL BANK NAME AND CITY	BANK PHONE NUMBER
CHECKING ACCT.# _____ SAVINGS ACCT. # _____	CHECKING ACCT. # _____ SAVINGS ACCT.# _____		
CURRENT BALANCE \$ _____ CURRENT BALANCE \$ _____	CURRENT BALANCE \$ _____ CURRENT BALANCE \$ _____		
RESIDENCE ADDRESS: _____ OWNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENCE ADDRESS: _____ OWNED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF OWNED, DATE PURCHASED _____ CURRENT VALUE \$ _____	IF OWNED, DATE PURCHASED _____ CURRENT VALUE \$ _____		
PURCHASE PRICE \$ _____ 1 <sup>ST</sup> MTG BAL. \$ _____	PURCHASE PRICE \$ _____ 1 <sup>ST</sup> MTG BAL. \$ _____		
FIRST MORTGAGE HOLDER: PHONE NUMBER: _____	FIRST MORTGAGE HOLDER: PHONE NUMBER: _____		
BALANCE OF ALL OTHER LOANS AGAINST RESIDENCE : <b>(EXCLUDING 1<sup>ST</sup> MTG)</b> \$ _____	BALANCE OF ALL OTHER LOANS AGAINST RESIDENCE: <b>(EXCLUDING 1<sup>ST</sup> MTG)</b> \$ _____		
DO YOU OWN ADDITIONAL REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(IF YES, ATTACH A SCHEDULE OF PROPERTIES, LISTING VALUES AND ALL MORTGAGES)</i>	DO YOU OWN ADDITIONAL REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(IF YES, ATTACH A SCHEDULE OF PROPERTIES, LISTING VALUES AND ALL MORTGAGES)</i>		

**IF MORE THAN 2 OWNERS, PLEASE PROVIDE PERSONAL INFORMATION ON A SEPARATE SHEET OF PAPER – SUPPLEMENTAL APPLICATION PROVIDED UPON REQUEST**

### ALL OWNERS MUST SIGN INDEMNITY AGREEMENT ON REVERSE SIDE OF APPLICATION

Minimum qualifications for each program are noted under the type of program. Please check the program for which you qualify. All premiums are subject to a \$100.00 minimum.

<input type="checkbox"/> ULTRA PREFERRED			<input type="checkbox"/> PREFERRED		
Own Real Estate In business at least 5 years			Own Real Estate Three years experience in similar line of business		
<b>GENERAL</b>	<b>\$12,000</b>	<b>\$224.00</b>	<b>GENERAL</b>	<b>\$12,000</b>	<b>\$294.00</b>
<b>SPECIALTY</b>	<b>\$ 6,000</b>	<b>\$157.00</b>	<b>SPECIALTY</b>	<b>\$ 6,000</b>	<b>\$196.00</b>
<b>ELECTRICAL</b>	<b>\$ 4,000</b>	<b>\$100.00</b>	<b>ELECTRICAL</b>	<b>\$ 4,000</b>	<b>\$135.00</b>

Make checks payable to CB&MS and mail your application and check to P.O. Box 75715, Seattle, WA 98125  
**You may pay by company check, certified check, MasterCard or Visa**

Account No.	Expiration Date
Your address as it appears on your Credit Card statement:	

### INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s) all hereinafter called the Indemnitor(s) hereby certify that the foregoing declarations made and answers given, are the truth without reservation, and are made for the purpose of inducing TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, One Tower Square, Hartford, Connecticut 06183 for itself and its affiliates, parents, and subsidiaries, hereinafter called Surety, to issue the bond(s) or undertaking(s) applied for and any renewal and increase of the same or of any bond(s) or undertaking(s) of similar nature given in substitution or renewal thereof (all comprehended in the word "bond(s)" or "undertaking(s)" as herein used). The Indemnitor(s) agree that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring liability whatsoever to the Indemnitor(s). In consideration of the Surety executing said bond(s) or undertaking(s) or the forbearance of cancellation of any bond(s), the Indemnitor(s) do undertake and agree as follows:

To pay the Surety all premiums when due and annually in advance of each renewal thereafter, until the Indemnitor(s) shall serve upon the Surety, at its said office, competent written legal evidence, satisfactory to the Surety, of it being duly discharged from such bond or undertaking. Indemnitor(s) hereby expressly authorize Company to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) to verify information supplied to Company; (b) for underwriting purposes; and (c) upon establishment of a reserve, for debt collection. The Indemnitor(s) will at all times indemnify, and keep indemnified, the Surety, and hold and save it harmless from and against any and all damages, loss, costs, charges and expenses of whatsoever kind or nature, including counsel and attorney's fees, whether incurred under retainer or salary or otherwise, which it shall or may, at any time, sustain or incur by reason or in connection with furnishing any bond or undertaking. To deposit with the Surety on demand an amount sufficient to discharge any claim made against the Surety on the bond(s) or undertaking(s). The sum maybe used by Surety to pay such claim or be held by Surety as collateral security against loss or cost on the bond(s) or undertaking(s).

Regardless of the date of signature(s), this indemnity agreement is effective as of the date of execution of aforementioned bond(s) or undertaking(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein.

A duplicate or facsimile copy or electronic reproduction of the original document shall have the same force and effect as the original.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 (month) (year)

APPLICANT AND BUSINESS INDEMNITOR(S):

\_\_\_\_\_  
 (print name of company or business)

By: \_\_\_\_\_  
 Signature of Owner/Partner/Officer (must also sign below)

Individual Signature \_\_\_\_\_

Individual Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Individual Signature \_\_\_\_\_

Individual Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

**NOTE: ALL OWNERS AND THEIR SPOUSE MUST SIGN AS INDIVIDUAL INDEMNITORS**