

P.O. Box 75715
 Seattle, WA 98175-0715
 (206) 361-9693
 1 (800) 742-8815
 Fax (206) 365-5014



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

1. NAME OF INDEMNITOR <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED		2. 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.# _____	CURRENT BALANCE \$ _____ CURRENT BALANCE \$ _____	CHECKING ACCT.# _____ SAVINGS ACCT.# _____	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 ST MTG BAL. \$ _____		PURCHASE PRICE \$ _____ 1 ST MTG BAL. \$ _____	
FIRST MORTGAGE HOLDER: PHONE NUMBER: _____		FIRST MORTGAGE HOLDER: PHONE NUMBER: _____	
BALANCE OF ALL OTHER LOANS AGAINST RESIDENCE : (EXCLUDING 1 ST MTG) \$ _____		BALANCE OF ALL OTHER LOANS AGAINST RESIDENCE: (EXCLUDING 1 ST MTG) \$ _____	
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

