



Contractors Bonding and Insurance Company

For the CBIC branch nearest you, call Toll Free (800) 765-2242 Toll Free (800) 950-1558 Toll Free FAX

Contract Bond Application
Note Please read the reverse side fraud warnings

Agency Name _____ E-mail: _____ Date _____
Agency Phone () _____ Agency Fax () _____

Company Information

Type of Business: [] Sole Proprietorship [] Partnership [] Corporation [] LLC
Company Name _____
Company Address _____
City _____ State _____ Zip _____ Phone () _____
Type of Work _____ Normal Geographic Area of Operation _____
Business Net Worth \$ _____ Year Started _____

Indemnitor Information (Provide the information below on all owners)

Name _____ Name _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Phone # _____ Phone # _____
SS# _____ SS# _____
Spouse Name _____ Spouse Name _____
SS# _____ SS# _____
Personal Net Worth \$ _____ Personal Net Worth \$ _____
% of Ownership _____ % of Ownership _____

Bond Information

[] Bid [] Final

Bid Date _____ Anticipated Start Date _____ Anticipated Completion Date _____
Maintenance Period _____ Liquidated Damages \$ _____ Time Allowed for Completion _____
Bid Amount/Contract Price \$ _____ Bid Bond % _____
Performance Bond Amount \$ _____ Payment Bond Amount \$ _____
Obligee/Owner _____
If Private Owner, Financing by _____
Obligee Address _____ City _____ State _____ Zip _____
Job Description _____

If this is a final bond request, please list the top three bidders and their amounts

- 1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Please forward a copy of the bond(s) required if not an AIA, Federal, Public Works or CBIC form. Also, please provide a copy of the contract if this is a Subcontract or Private Works contract.

The following statement must be signed by an owner or officer of the company for which bonding is being requested.

I acknowledge that all information is complete and correct and is given to induce the insurance company to execute surety bonds. I understand that false information may constitute misrepresentation or fraud. I authorize you to investigate the credit, character, capacity and capital of the company and its employees and owners for bonding purposes.

Date _____ Signature and Title _____

STATE	PLEASE REFER TO THE FRAUD WARNING BELOW APPLICABLE TO YOUR STATE
FLORIDA	Any person who knowingly and with intent to injure, defraud, or deceive insurer files a statement or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
KENTUCKY	Any person who knowingly and with intent any insurance company or other person files an application for insurance containing any materially false information or conceals for purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
NEW JERSEY	Any person who includes any false or misleading information on an application policy is subject to criminal and civil penalties.
NEW YORK	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and stated value of the claim for each such violation.
OHIO	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
PENNSYLVANIA	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
WASHINGTON	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of benefits.