



# Application for Contractor's License Bond

Company Name: \_\_\_\_\_ (Exactly as it appears on Bond)      Individual      Corporation      LLP  
 Partnership      LLC  
 Has Bond Been Executed?      No      Yes (Copy Attached)

State License Number: \_\_\_\_\_ Applicant's Phone Number: \_\_\_\_\_

Address (St. & No., City, State & Zip): \_\_\_\_\_

Amount of Bond	Effective Date	Description of Bond

Give Exact and Complete Name of Obligee	Address of Obligee

1. Owners Name	Date of Birth	Soc. Sec. #

Spouse's Name (Mark N/A if not married)	Date of Birth	Soc. Sec. #

Residence Address: \_\_\_\_\_

Description and Address of Owned Real Estate	Year Purchased	Current Fair Market Value	Total Remaining Mortgages / Encumbrances

2. Owners Name	Date of Birth	Soc. Sec. #

Spouse's Name (Mark N/A if not married)	Date of Birth	Soc. Sec. #

Residence Address: \_\_\_\_\_

Description and Address of Owned Real Estate	Year Purchased	Current Fair Market Value	Total Remaining Mortgages / Encumbrances

3. Number of Years in business: \_\_\_\_\_
4. Have you ever been bankrupt, or compromised any creditors?      YES      NO
5. Has a surety ever paid a bond claim on you or any business you were involved in?      YES      NO
6. Any pending litigation against you or your company?      YES      NO
7. If you answered yes to 4, 5 or 6 above, give details on a separate sheet.
8. Is bond replacing one of another surty?      YES      NO      Company: \_\_\_\_\_
- Why? \_\_\_\_\_

Agent / Broker Information	John McDaniel GC Insurance Services	Phone No	(206)453-5456	Fax No.	(206)453-5457	City:	Seattle	State:	Washington	Zip:	98115
----------------------------	--	----------	---------------	---------	---------------	-------	---------	--------	------------	------	-------

AGENT'S RECOMMENDATION	<p>We are not very familiar with this applicant.</p> <p>We are Familiar with applicant and are aware of no adverse information about him/her</p> <p>We know applicant very well and offer our highest recommendation.</p>
------------------------	---

Any Person who knowingly and with intent to defraud any insurance company or the other person files an application for insurance or statement of claim containing any manerially false, incomplete or misleading information, or conceals information concerning any manerial fact or thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.