

# **CONTRACT BOND APPLICATION**

## INSTRUCTIONS

# Option 1 — Email or Fax

Complete all pages of the application.

Email completed application to: submissions@bondservices.com

-OR-



Fax to: (213) 403-4352

# Option 2 — Online

Apply for your contract bond online at:

bondservices.com/contract-bond-application

#### **Contract Bonds Include**

- · Bid Bonds
- · Grading Bonds
- · Maintenance Bonds
- · Payment Bonds
- Performance Bonds
- Subdivision Improvement Bonds
- · Subdivision Tax Bonds
- · And More

## **NEED HELP?**

Call us at one of our locations below between the hours of 9am-4pm PST For after hours help, call Jennifer directly at: (818) 317-7652

## San Diego

Phone: (619) 231-9522 Fax: (619) 231-9545 sandiego@bondservices.com

## **Inland Empire**

Phone: (909) 890-1409 Fax: (909) 890-4282 sanbernardino@bondservices.com

#### **Sacramento**

Phone: (916) 424-0435 Fax: (916) 424-0437 sacramento@bondservices.com

#### **Orange County**

Phone: (888) 558-3007 Fax: (877) 558-8297 orangecounty@bondservices.com

#### San Jose

Phone: (408) 998-5056 Fax: (408) 279-3160 sanjose@bondservices.com

## Texas

Phone: (817) 509-1511 Fax: (817) 796-2637 info@southwestbonding.com

#### Los Angeles

Phone: (213) 628-2970 Fax: (213) 628-2977 losangeles@bondservices.com

# **Bay Area / Concord**

Phone: (925) 370-2330 Fax: (925) 370-2339 norcal@bondservices.com

#### **Arizona**

Phone: (623) 362-0601 Fax: (623) 362-2218 az@bondservices.com



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Bond Information			
Bond Type	Bond Amount		
Bond Effective Date			
Contact Information			
First Name	Last Name		
Phone Number	Email		
Company Information			
Principal / Company Name  (As it will appear on the bond)	al / Company Name License Number (If applicable)		
Address			
City	State	Zip	
Years in Business County Doing Business In			
Phone Number			
<b>Type of Business</b> Sole Proprietorship	Partnership Corporation		
If Partnership or Corporation, number of partners or stockholders			
Individual's Information			
(Owner of the company or the person we are writing the bond for)			
First Name	Last Name		
Home Address			
City	State	Zip	
Phone Number Date of Birth			
Marital Status Single Married	Divorced Separated		
Social Security Number	Drivers Llcense Number		





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Spouse's Information				
(If applicable)				
First Name	Last Name _			
Phone Number	Date of Birth			
Social Security Number	Drivers Licen	Drivers LIcense Number		
Personal Financial Information				
Checking Account Balance	Savings Acc	Savings Account Balance		
Real Estate Market Value	Purchase Price	Purchase Date		
Real Estate Balanced Owed	Stocks/Bonds	Estimated Net Worth		
If Renting, Monthly Payment Amount				
Select all that apply to You, Your Spou	se, or Company:			
Have ever declared bankruptcy				
Have been involved in any dispute w	here a lawsuit or lien was filed			
Have failed in any business venture				
Any assets in a trust				
*If applying for a bond on behalf of the co	ompany, please attach a business fin	ancial statement for all bonds over \$10,000.		
*By completing this form you authorize t the above name applicant.	the surety or its representatives to ha	ve the right to examine the credit history of		
Signature X				