



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