

P.O. Box 681  
Bothell, WA 98041  
(206) 361-9693  
1 (800) 742-8815  
Fax (425) 242-6912

# CB&MS

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					
<b>HAVE YOU (OR ANY OTHER PARTNER OR OFFICER):</b>					
1. EVER FAILED IN BUSINESS?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	5. EVER HAD PRIOR/PENDING TAX LIENS?	
2. EVER DECLARED BANKRUPTCY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	6. EVER HAD ANY OTHER LIENS?	
3. EVER HAD A BOND CANCELLED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	7. EVER HAD CLAIMS AGAINST YOUR BOND?	
4. EVER BEEN CONVICTED OF A FELONY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	8. EVER BEEN DECLINED BY ANOTHER BONDING CO.?	
<b>IF YOU ANSWERED YES TO ANY OF THE ABOVE, ATTACH EXPLANATION</b>					
BUSINESS BANK REFERENCE	BRANCH	ADDRESS	CITY	SAVINGS #	CHECKING #
BUSINESS TRADE REFERENCE	NAME	ADDRESS	CITY	PHONE	
PERSONAL INFORMATION FOR APPLICANT, PARTNERS, STOCKHOLDERS AND SPOUSES					
NAME OF INDEMNITOR		<input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED		NAME OF INDEMNITOR	
<b>1.</b>				<b>2.</b>	
SOC. SECURITY NO. (INDEMNITOR)		DATE OF BIRTH		SOC. SECURITY NO. (INDEMNITOR)	
HOME PHONE NUMBER		NAME OF SPOUSE		HOME PHONE NUMBER	
PERSONAL BANK NAME AND CITY		BANK PHONE NUMBER		PERSONAL BANK NAME AND CITY	
CHECKING ACCT.# _____ SAVINGS ACCT. # _____		CURRENT BALANCE \$ _____ CURRENT BALANCE \$ _____		CHECKING ACCT. # _____ SAVINGS ACCT.# _____	
RESIDENCE ADDRESS: _____ OWNED? <input type="checkbox"/> YES <input type="checkbox"/> NO		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 \$ _____		PURCHASE PRICE \$ _____ 1 <sup>ST</sup> MTG BAL. \$ _____		IF OWNED, DATE PURCHASED _____ CURRENT VALUE \$ _____	
PURCHASE PRICE \$ _____ 1 <sup>ST</sup> MTG BAL. \$ _____		FIRST MORTGAGE HOLDER:		FIRST MORTGAGE HOLDER:	
PHONE NUMBER: _____		BALANCE OF ALL OTHER LOANS AGAINST RESIDENCE :		BALANCE OF ALL OTHER LOANS AGAINST RESIDENCE:	
(EXCLUDING 1 <sup>ST</sup> MTG) \$ _____		DO YOU OWN ADDITIONAL REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		(EXCLUDING 1 <sup>ST</sup> MTG) \$ _____	
(IF YES, ATTACH A SCHEDULE OF PROPERTIES, LISTING VALUES AND ALL MORTGAGES)		(IF YES, ATTACH A SCHEDULE OF PROPERTIES, LISTING VALUES AND ALL MORTGAGES)		(IF YES, ATTACH A SCHEDULE OF PROPERTIES, LISTING VALUES AND ALL MORTGAGES)	
<b>IF MORE THAN 2 OWNERS, PLEASE PROVIDE PERSONAL INFORMATION ON A SEPARATE SHEET OF PAPER – SUPPLEMENTAL APPLICATION PROVIDED UPON REQUEST</b>					
<b>ALL OWNERS MUST SIGN INDEMNITY AGREEMENT ON REVERSE SIDE OF APPLICATION</b>					

**The following License Bond program is written through Travelers Casualty and Surety Company of America.**

Minimum qualifications for each program are noted under the type of program. Please check the program for which you qualify. All premiums are subject to a \$100.00 minimum.

<input type="checkbox"/> <b>ULTRA PREFERRED</b>			<input type="checkbox"/> <b>PREFERRED</b>		
Own Real Estate In business at least 5 years			Own Real Estate Three years experience in similar line of business		
<b>GENERAL</b>	<b>\$12,000</b>	<b>\$224.00</b>	<b>GENERAL</b>	<b>\$12,000</b>	<b>\$294.00</b>
<b>SPECIALTY</b>	<b>\$ 6,000</b>	<b>\$157.00</b>	<b>SPECIALTY</b>	<b>\$ 6,000</b>	<b>\$196.00</b>
<b>ELECTRICAL</b>	<b>\$ 4,000</b>	<b>\$100.00</b>	<b>ELECTRICAL</b>	<b>\$ 4,000</b>	<b>\$135.00</b>

Make checks payable to CB&MS and mail your application and check to P.O. Box 681, Bothell, WA 98041  
**You may pay by company check, certified check, MasterCard or Visa**

Account No.	Expiration Date
Your address as it appears on your Credit Card statement:	

**INDEMNITY AGREEMENT**

TAKE NOTICE! This Indemnity Agreement is part of an application for a Bond. A Bond is a credit relationship. A Bond is not an Insurance Policy. Officers, directors, principals, and other indemnitors will be liable jointly and severally for payment to the Surety for any defaults under the Bond. Credit checks are made on all indemnitors. **READ CAREFULLY AND SIGN!** The maker of any statement in the form of an application to be attached hereto and incorporated herein as though set forth in full, hereby authorizes the Surety or its agent to confirm any and all bank balances and to investigate all other statements. The Undersigned hereby declares the truth of the representations herein, and that they are made to induce TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (herein referred to as the Surety) to issue the Bond(s) applied for. The Undersigned agrees that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability whatsoever to the Undersigned. In consideration of the issuance of the Bond(s) herein applied for, or any Bond(s) in substitution for or in succession of said Bond(s), or any increase or extension of time of the said Bond(s) the Undersigned hereby agrees:

- (1) To hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed herein;
- (2) To pay to the Surety the agreed premium upon execution of the Bond(s) and annually in advance thereafter;
- (3) To furnish the Surety with satisfactory and conclusive termination evidence that there is no further liability on the Bond(s);
- (4) To perform all the conditions of said (Bond(s) and will indemnify and save the Surety harmless from demands, losses, costs, damages and expenses, including attorney's and counsel fees deemed necessary by the Surety, which Surety may sustain or incur by reason of the issuance of such Bond(s), or obtaining a release of evidence of termination under such Bond(s);
- (5) That the Surety shall have the exclusive right to adjust, settle or compromise any claim under such Bond(s) unless the Undersigned shall in writing request the Surety to litigate such claim and shall deposit immediately with Surety collateral satisfactory to the Surety in kind and amount;
- (6) That the voucher or other evidence showing payment made by the Surety in good faith by reason of such Bond(s) or any renewal, extension or substitution thereof shall be conclusive and in any event prima facie evidence of such payment and the property thereof any of the liability of the Undersigned therefore made to the Surety; and
- (7) The Undersigned further agrees to reimburse the Surety for all expenses, counsel and attorney fees incurred by the Surety in enforcing any provision of the agreement. Regardless of the date this Indemnity Agreement is signed, it is effective as of the date of execution of the above-mentioned Bond(s) pursuant to the promises and agreements made by the Undersigned.
- (8) For the purposes of enforcement of this Indemnity Agreement through suit or action by the Surety, the Indemnitors hereby agree to allow venue to be laid in the Superior Court of the State of Washington for King County.
- (9) Termination of the obligation created by this agreement can only be accomplished by sending written notice of intent to terminate to Surety by certified mail at its Administrative Offices, Travelers Casualty and Surety Company of America, One Tower Square, Hartford, Connecticut, 06183. Termination shall be effective forty-five (45) working days after actual receipt of notice of termination by Surety, it being understood that the Undersigned shall remain liable to the Surety for loss on Bond(s) signed or committed to by Surety prior to the effective date of termination.

IN TESTIMONY WHEREOF, the indemnitors intending to be legally bound hereby in their individual and personal capacities have hereunto set their hand and affixed their seals this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(month) (year)

APPLICANT AND BUSINESS INDEMNITOR(S):

\_\_\_\_\_  
 (print name of company or business)

By: \_\_\_\_\_  
 Signature of Owner/Partner/Officer (must also sign below)

Individual Signature \_\_\_\_\_

Individual Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Individual Signature \_\_\_\_\_

Individual Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

**NOTE: ALL OWNERS AND THEIR SPOUSE MUST SIGN AS INDIVIDUAL INDEMNITORS**