



Phone: 1-888-490-2663
 Fax: 360-833-9999

LICENSE & PERMIT BOND APPLICATION

TYPE OR PRINT CLEARLY

APPLICANT NAME				
(MUST BE EXACTLY AS IT IS ON BOND)				
Sole Proprietor		Corporation	Partnership	LLC/LTD
Street Address:				
City:	County:	State:	Zip:	
TAX ID#	PHONE:	FAX:		
Years Experience in this Field:	Year Business Established:	Prior Bond Company:		
Owner's Name:	Title:	Spouse's Name:		
Soc. Sec. No:	D.O.B.	Spouse's Soc. Sec. No:		
Residence Street Address:				
City:	State	Zip:	Home Phone:	
Market Value of Real Estate Owned:	Mortgage Owed:	Amount of Securities Owned:		

Has applicant ever, (a) had an application for a bond declined; (b) compromised with creditors; (c) defaulted on a contract; (d) defaulted on a contract forcing a Surety to suffer a loss; (e) experienced a bankruptcy; (f) been in receivership or been liened by a taxing authority? YES NO (If yes to any of the above, attach a full explanation.)

NAME AS IT IS TO APPEAR ON BOND		
Applicable License #, MC #, Contractor #, Dealer #,...		
Type of Bond:	Amount	Effective Date:
Bond to be filed with (Obligee):		
Address:		
PLEASE ENCLOSE ANY ADDITION PERTINENT INFORMATION (I.E. BOND FORMS, APPLICABLE STATUES AND PERMITS, COURT JUDGEMENT, ETC.)		

ADDITIONAL OWNERS OR PARTNERS AS REQUIRED		
Name:	Spouse's Name:	
Soc. Sec. No.	Spouse's Soc. Sec. No.	
Home Address:	Phone:	

BUSINESS BANK INFORMATION				
Name and Branch of Bank:				
Bank Contact Person:	Phone:			
Account No:	Bank Balance:			
Line of Credit	YES	NO	Approved Limit	Amount Owed

Completion of this application constitutes permission to obtain consumer information which will be used to determine bonding eligibility. _____ - Signature

Fraud Statement "Any Person who knowingly and with intent to injure, defraud, or deceive and insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."