



COMMERCIAL SPECIALISTS INSURANCE SERVICES
LIC # OD80851

PO BOX 4185 THOUSAND OAKS CA 91359-1185
PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS)
WWW.CSISONLINE.COM

CONTRACTOR'S LICENSE BOND

How did you hear about us?

- BIA Chamber of Commerce Current Client Email
 Google Mailer Yahoo Yellow pages
 Referral: _____ Website: _____

Named insured _____ Contractor's License # _____

Owner's name _____ Contact's name _____

Phone #: _____ Cell # _____ Fax # _____

Email: _____ Preferred method of contact: Phone Fax Email Mail

Mailing address: _____

Physical/Premise address _____

Business entity: Sole proprietorship Partnership Corporation LLC Other: _____

Application fee # or Existing license #: _____ License Class: _____

of years in business: _____ # of years experience: _____

Name EXACTLY as it is on your license: _____

Current Bond Carrier: _____ Expiration date: _____ Bond #: _____

Reason for switching carriers: _____

Any prior bond losses or claims? _____

Considering all owners, officers, and partners:

Have you ever declared bankruptcy?

Yes No

Ever failed in business?

Yes No

Pending or prior IRS Lien?

Yes No

Any disputes or law suits pending?

Yes No

THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.
ADDITIONAL INFORMATION MAY BE REQUIRED.

Personal Information for Applicant, Partners, Officers, and Indemnitors:

1. Full Name: _____ Date of Birth: _____ SSN: _____
 Single Married Divorced Drivers License #: _____ Estimated net worth: _____
Residence: Own Rent Current Market Value: _____ Loan Balance: _____

2. Full Name: _____ Date of Birth: _____ SSN: _____
 Single Married Divorced Drivers License #: _____ Estimated net worth: _____
Residence: Own Rent Current Market Value: _____ Loan Balance: _____

3. Full Name: _____ Date of Birth: _____ SSN: _____
 Single Married Divorced Drivers License #: _____ Estimated net worth: _____
Residence: Own Rent Current Market Value: _____ Loan Balance: _____

4. Full Name: _____ Date of Birth: _____ SSN: _____
 Single Married Divorced Drivers License #: _____ Estimated net worth: _____
Residence: Own Rent Current Market Value: _____ Loan Balance: _____

INDEMNITY AGREEMENT - READ CAREFULLY:

I/we the undersigned hereby declare that the above statements are true and correct. I/we hereby apply to CSIS Inc. for a contractors license bond pursuant to the appropriate sections of the Business and Professions Code. I/we agree individually and as a firm to fully indemnify and hold CSIS Ins. Harmless from and against any and all claims or demands for legal expense of any kind of nature which arise by reason of the execution of any bond issued pursuant to this application.

I/we further understand that the bond applied for is a credit relationship, and hereby authorize CSIS Inc. or its authorized agents, to gather such credit information it considers necessary and appropriate for purposes of evaluating whether such credit should be granted or continued. I/we agree to pay Surety an advance premium for the first year or a fractional part thereof that is fully earned and to pay annually thereafter such annual premium for surety ship as billed until satisfactory evidence of discharge or release of liability shall be furnished to Surety by the obligee.

Signature of Prospective Insured

Date