



**For The CBIC Office
That Serves Your Area,
Call Toll Free:**

(888) 283-CBIC (2242)
(888) 293-CBIC (2242) FAX

Contract Bond Application

Note: Please read the reverse side fraud warnings

Agency Name _____ 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 \$ _____

Indemnitor Information (Provide the information below on all owners)

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

SS# _____ SS# _____

Spouse Name _____ Spouse Name _____

SS# _____ SS# _____

Personal Net Worth \$ _____ Personal Net Worth \$ _____

% of Ownership _____ % 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 three lowest 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.