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License & Permit/Miscellaneous Application

1. AGENCY INFORMA	TION	Α	Agency/Brok	er Name:		Pho	ne:]	Email:		
T						•		_				
2. WHY DID YOU Re		Refe	Referred?			Marketing?			Past Business?		Web Search?	
CONTACT CCI SURETY?		Company?			Call Email			Cont	Contract Bonds S		Search Words?	
(mark all that apply)		Individual?			Visit Other Co			Com	ım. Bonds			
3. BOND INFORMATION Type of			Type of B	Bond (attach Bond Form) Amount of B				unt of Bo	ond		Effective Date	
Obligge Name (Who is Descriping the Dand?)			Obligee Address:							Evniroti	on Date: (If other than one year)	
Obligee Name (Who is Requiring the Bond?):			Obligee Address.							Ехрпан	on Date. (If other than one year)	
20021 (200						Business Ph				none #: Business Fax #:		
INFORMATION Company Address:				City:			ite:	7in Codo:		County Business is Located In:		
Company Address:				City:			ite.	Zip Code:		County Business is Located in.		
N. CD.												
				Proprietorship Date Fo							How Long in Business?	
			Partnership LL			.c						
Previous Bonding Company	ny:	Past or Pending Bond Clair				Claims?	Ever had their business licens					
				Yes			Vaa	No su		suspended, revoked or denied Yes No		
								res	INO		i ics ivo	
5. PERSONAL INFORMATION Ownership % ?												
(Owner #1) All owners including spouses must complete "Personal Information" - Add more sheets if necessary												
Applicant Name:								Social Secur	rity#:	Date of Birth:		
Spouses Name:								Social Security #:		Date of Birth:		
Residence Address:				City: Sta				Zip Code:		Eve	r been convicted of a crime?	
				Pending or Pr							es No	
,			r Declared kruptcy?		or Any Lawsuits Pending against you?			Ever declined for Bonding Previously?		Home Ownership?		
Trustor, or Beneficiary or any 1	iusti	Dan	Kruptcy:	r chang against you:								
Yes No		Yes	No	Yes No	7	Yes N	lo		Yes No)	Own Rent	
6. PERSONAL INFORMATION (Owner #2) All owners including spouses must complete "Personal Information" - Add more sheets if necessary												
Applicant Name:									Social Security #:		Date of Birth:	
										•		
Spouses Name:									Social Secur	rity#:	Date of Birth:	
Residence Address: City:					State: Zip C			ode: Ever beer		r been convicted of a crime?		
								•				
Are you the Trustee, Ever Declared				Pending or Prior Any Laws					Ever decline		Home Ownership?	
Trustor, or Beneficiary of any Trust? Bankı			kruptcy?	IRS Liens? Pendin			ing against you?		Bonding Previously?			
Yes No Yes No			No	Yes No	Y	es N	lo		Yes No)	Own Rent	

^{*}Submission of this application serves as authorization for Construction Capital, Inc. and/or CCI Surety, Inc. to access our business and personal credit records and to make such pertinent inquiries as may be necessary from third party sources in order to investigate the information submitted including, but not limited to, the application, any financial statements, any and all creditors and/or lending institutions, and any past Surety credit.

W1-8-19