



ALWAYS FAITHFUL INSURANCE AGENCY

Dr. George Rapciewicz Jr., Principal Broker

CA Broker License #4476212 | NPN #21686200 | Licensed P&C Broker in 21 States

Temecula, CA | 650-489-2592 | info@semperfiservicesolutions.com | semperfiservicesolutions.com

California Certified Disabled Veteran Business Enterprise & Small Business #2045250

CONTRACTOR LICENSE AND SURETY BOND QUESTIONNAIRE

Please do not write Social Security numbers, driver's license numbers or bank account numbers on this form. If we need them to quote or bind, we will collect them by phone or through a secure link.

PRINCIPAL (BUSINESS)

Business Name: DBA:

Contact Name: Title:

Mailing Address:

City: State: ZIP: Phone:

Email: Website:

Entity: ☐ Individual / Sole Prop ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

Years in Business: CSLB / Professional License # (if any): Desired Effective Date:

CSLB License #: Classification(s): License Expiration:

Owners and Qualifying Individual (each owner of 10% or more)

#	Full Name	Title	Ownership %	Home City / State	Qualifying Individual Y/N
1					
2					
3					
4					

BOND NEEDED

Type of bond (check all that apply):

- ☐ CSLB contractor license bond ☐ Bond of Qualifying Individual
- ☐ LLC employee / worker bond ☐ Bid bond
- ☐ Performance & payment bond ☐ Permit / license bond (city/county)
- ☐ Other:

Bond amount \$: Needed by (date): Obligor (who requires it):

FOR BID, PERFORMANCE AND PAYMENT BONDS

Skip this section for license bonds. Sureties underwrite contract bonds on the contractor's experience, work on hand and finances.

Project name / owner:

Project location: Contract amount \$: Bid date:

Start date: Completion date: Liquidated damages per day \$:

Largest job completed (contract \$): Year: Work on hand now (total backlog \$):



Work in progress (current jobs)

#	Project / Owner	Contract \$	Billed to Date \$	Cost to Date \$	% Complete	Bonded? Y/N
1						
2						
3						
4						
5						

Do you have CPA-prepared financial statements for the last fiscal year? ☐ Audited ☐ Reviewed ☐ Compiled ☐ None

Bank / line of credit (bank and amount):

HISTORY

Has any surety ever paid a claim or been asked to pay a claim on your behalf? ☐ Yes ☐ No

If yes, explain:

Has the business or any owner filed bankruptcy, or have any tax liens or judgments? ☐ Yes ☐ No

If yes, explain:

Have you ever failed to complete a contract? ☐ Yes ☐ No

If yes, explain:

APPLICANT SIGNATURE

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The undersigned states that the information provided in this application is true and complete to the best of their knowledge, and authorizes Always Faithful Insurance Agency to submit it to insurance companies for the purpose of obtaining quotations. Submitting this form does not bind coverage; coverage begins only when confirmed in writing by the agency or the insurance company.

The undersigned authorizes Always Faithful Insurance Agency and the surety to obtain credit reports on the business and its owners for the purpose of underwriting this bond. Most sureties also require owners to sign a general indemnity agreement before a bond is issued.

Printed Name: Title (if business):

Signature: Date:

Sign by typing your name in the signature box, signing with your PDF reader's Fill & Sign tool, or printing and signing by hand. Email the completed form to info@semperfiservicesolutions.com or call 650-489-2592.