

# CONTRACTOR'S LICENSE BOND PRELIMINARY QUESTIONNAIRE

509-697-6521 Phone

509-697-8987 Fax



<b>Business Name</b>				<b>Phone #</b>				
<b>Type of Entity: (please check)</b>		<b>Individual</b>		<b>Partnership</b>		<b>LLC</b>	<b>Corporation</b>	
<b>Type of Bond</b>			<b>Bond Amount</b>			<b>State required</b>		
<b>Owner Name</b>					<b>Social Security #</b>			
<b>Single</b>	<b>Married</b>	<b>Spouse Information:</b>				<b>Social Security #</b>		
<b>Divorced</b>	<b>Widowed</b>	<b>Name:</b>						
<b>Address:</b>				<b>City</b>		<b>State</b>	<b>Zip</b>	
<b>Owned Real Estate</b>		<b>Yes</b>	<b>No</b>	<b>If yes, same as above address?</b>			<b>Yes</b>	<b>No</b>
<b>Amount of Equity</b>								

If partnership, LLC, or Corporation list owners

Name	% of ownership	Birthdate

Have you filed bankruptcy within the last 10 years? No \_\_\_ Yes \_\_\_ If yes, please explain: \_\_\_\_\_

Have you moved within the last 6 months? No \_\_\_ Yes \_\_\_

**I understand that my personal credit history will be part of the underwriting and qualification process. I also understand that all owners, partners, and corporation members will be subject to approval and underwriting and eligibility criteria. Wright Insurance Agency is not provided a copy of the personal credit report nor able to discuss any items that may appear on the applicant's report.**

X \_\_\_\_\_  
**Applicant's Signature**