

## **BONDING & INSURANCE SPECIALISTS AGENCY, INC.**

13841 Southwest Hwy • Orland Park IL 60462 • 800-346-1031 • Fax: 708-598-6686

## **Contractors Bonding Application - Short Form**

Applicant:	Tax I.D. #					
Contact Person:						
Address:		City:	Stat	e: Zip:		
County:	Phone:		Fax:			
1) What class of const	ruction work does com	pany specialize in:				
2) Company was estab	olished in:	Incorporated in:	Company's Fisca	l Year End is:		
3) Owners/Principal Of Name:	ficers of the Company Position:	are:	% owned:	SS#:	Spouses Name:	
If not listed above plea	se provide the name o	f the person signing as	corporate secretary			
4) Name of Bank:		Line of Credit	Amt \$	_ Amt. Available	\$	
5) Has your firm or any	of its owners of office	rs filed or are currently f	ling for bankruptcy?	Yes No	)	
6) Present Surety:						
		olders/ employees ever			ny? Yes No	
8) Do you have and o	utside CPA preparing	and independent year er	nd statement? Yes	No		
		Review			n copy)	
		e last statement? Yes				
11) List five of your ma						
Name:		Type of Services Provided	Avg. Annual Sale	Phone —	Phone #	
12) List largest contract	Contract	Amt. Contact Perso		<i>,</i>	f work	
	\$			<del></del>		
	\$					
CHECK MY/OUR CREI	DIT WITH ANY CREDI	SPECIALISTS AGENCY TORS OR LENDING INS EAD CAREFULLY AND	TITUTIONS. THE U	NDERSIGNED CE	ERTIFIES THAT ALL OF	
Signed this	day of	,				
Signature		Printed Nar	 ne	Title		

THE NATIONAL LEADER IN ENVIRONMENTAL COVERAGE SOLUTIONS