



**Comprehensive Commercial
Insurance Services, Inc.**

27715 Jefferson Avenue, #201,
Temecula, California 92590-2665
Phone: (800) 216-2247
Fax: (877) 216-2247
Web Site: www.thinkccis.com
E-mail: marketing@thinkccis.com
License #: 0B36163

Performance Bond Questionnaire Under \$250,000

This program excludes the following

- Projects where the time for completion is greater than 12 months from bond issuance;
- Projects where the maintenance/ warranty period exceeds 12 months;
- Projects that include demolition, boat or yacht construction, information technology contracts (software or hardware), dredging, drilling, hazardous materials/environmental, swimming pools, fuel tanks, tennis courts, timber;
- Projects that are performed on, in, or under water;
- Projects where the bid spread exceeds 15% percent;
- Projects that include delay damages of greater than \$1,000 per day;
- Projects where the scope of the work involves an indefinite quantity;
- Principals who have previous or current (asserted and unasserted) claims with HCCS or another surety.
- Completion bonds (including Subdivision and Grading);
- Projects requiring dual or financial institutions named as obligee; and
- Principals with open bonds through another surety.



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CONTRACTOR INFORMATION							
Type of Business:	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Other	
Company Name:	_____						
Street Address:	_____						
City:	_____	State:	_____	Zip:	_____	Tax ID #:	_____
Telephone Number:	_____		Mobile Number:	_____			
Fax Number:	_____		Email Address:	_____			
How long under current Ownership:	_____		Contractors License Number:	_____		State:	_____
Current Surety:	_____		Completed Bonded Job / Year Completed:	_____			
Number of Owners:	_____	List information below for each owner:					
Name:	_____					% Ownership:	_____
Name:	_____					% Ownership:	_____
Name:	_____					% Ownership:	_____
List any Additional Name(s):	_____						

INDEMNITOR INFORMATION						
Indemnitor Name:	_____		SSN:	_____	Date of Birth:	_____
Married? If Yes, Spouse Name:	_____		SSN:	_____	Date of Birth:	_____
Residential Address:	_____		City:	_____	State:	_____
Purchase Date:	_____	Mortgage Lender:	_____			
Purchased Price:	\$ _____	Market Value:	\$ _____	Mortgage Balance:	\$ _____	
Name of Personal Bank:	_____					
Checking Account Balance:	\$ _____	Savings Account Balance:	\$ _____			
Personal Net Worth (Excluding Business Assets):	\$ _____		Are Any Personal Assets Held in Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Marketable Securities:	\$ _____		Please list below and attach recent statement(s)			

AGENCY INFORMATION			
Agency Name:	_____	Date:	_____
Contact:	_____	HCCS Producer #:	_____
		Phone:	_____

FRAUD NOTICE: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



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Company Name: _____

OBLIGEE INFORMATION

Obligee Type: Federal State Private Other
 Obligee Name (Who is requiring the bond?): _____
 Obligee Address: _____
 City: _____ State: _____ Zip: _____
 Obligee Contact Person: _____ Obligee Email Address: _____
 Obligee Phone Number: _____ Obligee Fax Number: _____

CONTRACT INFORMATION

Contract Description/ Project Title: _____
 Project Location: _____
 Engineers Estimate: \$ _____ Estimated Start Date: _____ Estimated Completion Date: _____
 Warranty: _____ Liquidated Damages: _____ % Subcontracted _____
 List of Major Subcontractors:

Name:	Trade:	Amount:
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____

BID BOND INFORMATION

Check if Bid Bond, complete below and attach copy of bid specifications along with any bid bond forms
 Bid Date: _____ Bid Time: _____ Bid Bond Amount: _____
 Engineers Estimate: _____

FINAL BOND INFORMATION

Check if Final Bond, complete below and attach copy of contract along with any final bond forms
 Performance Bond Amount: \$ _____ Payment Bond Amount: \$ _____
 Second Low Bidder Amount: \$ _____ Name: _____
 Third Low Bidder Amount: \$ _____ Name: _____