



# SOUTH COAST SURETY

1031 Calle Recodo, Suite D  
San Clemente, CA 92673  
(949)361-1692 Fax (949) 361-9926

DOI Lic# 0B57612

# TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA Hartford, Connecticut 06183

Travelers Construction Services Express  
Bond Application  
Performance and Payment Bonds Under \$250,000  
To Be Submitted By Agent

### ORGANIZATION

1. Contractor/Applicant's Name (as listed on Contractor's License) \_\_\_\_\_ (Contractor's License #) / (State) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip) (Telephone #)

2. Type of Business:  Corporation  Partnership  Proprietorship Prior Surety if Any \_\_\_\_\_  
Year Company Started: \_\_\_\_\_ How long has this business operated under current management? \_\_\_\_\_

3. Owners, Officers, Applicants (please include name and social security number of spouse):

<u>Name &amp; Address (No P.O. Boxes)</u>	SS#	DOB	% of Ownership	Position	Years Experience

4. Has any individual or company listed above ever filed for bankruptcy or held a senior management position with a firm that has caused a surety or a bank a loss?  Yes  No If yes, please explain using a separate sheet of paper.

5. Are there any open claims with any other surety?  Yes  No If yes, please explain using a separate sheet of paper.

### OPERATIONS

6. Type of Construction Engaged In: \_\_\_\_\_

7. Geographic Area of Operations (City, State): \_\_\_\_\_

8. Largest Job Completed (Description): \_\_\_\_\_

Contract Price \_\_\_\_\_ Gross Profit \_\_\_\_\_ Year Completed \_\_\_\_\_

### BOND REQUEST Bid Final Bond

9. Obligee (Who is requiring the Bond?) \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Job Description: \_\_\_\_\_

Total current work on hand/cost to complete (do not include this job request) \_\_\_\_\_

#### Bid Bond

Bid Date \_\_\_\_\_ Estimated Bid Amt. \_\_\_\_\_ Bid Bond Amt. \_\_\_\_\_ (% or \$)

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Job Location: \_\_\_\_\_

OR

#### Final Bond

Performance Bond Amt. \_\_\_\_\_ Payment Bond Amt. \_\_\_\_\_ (% or \$)

Contract Price \_\_\_\_\_ Date Contract Was Signed \_\_\_\_\_ Start Date \_\_\_\_\_

Job Location \_\_\_\_\_ Completion Date \_\_\_\_\_

### AGENT INFORMATION

10. SOUTH COAST SURETY \_\_\_\_\_ Agency Name \_\_\_\_\_ Agent's Name \_\_\_\_\_

Is Contractor an Existing Insurance Account?  Yes  No

Are All Insurance Premiums Current?  Yes  No

Length of Relationship \_\_\_\_\_

OVE-190 \_\_\_\_\_ 949-361-1692 \_\_\_\_\_

949-361-9926 \_\_\_\_\_

Agency Code \_\_\_\_\_ Agency Phone \_\_\_\_\_

Agency Fax \_\_\_\_\_

The Applicant hereby represents that the above statements and responses are accurate. As part of our underwriting process, St. Paul Travelers retains the right to investigate personal credit history. To the extent required by law, we will, upon request, provide notice whether or not a consumer report has been requested by Travelers, and if so, of the name and address of the consumer reporting agency furnishing the report.

DATE: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

**For Additional Information Call:**

**800-361-1720**

**Surety@southcoastsurety.com**

**www.southcoastsurety.com**

\_\_\_\_\_  
(Position)

SIGNATURE \_\_\_\_\_