



The Bond Only Agency
1-800-361-1720

1100 Via Callejon, Suite A San Clemente, CA 92673
surety@southcoastsurety.com www.southcoastsurety.com
P (949) 361-1692 F(949) 361-9926 DOI Lic# 0B57612

Surety Bond Application

Date: _____

BOND INFORMATION	Type of Bond: Disciplinary Bond	Amount of Bond*:	Effective Date:
Obligee Name: California State License Board	Obligee Address: PO Box 26000, Sacramento, CA 95826	Expiration Date (if other than one year):	

*** Please submit a copy of the CSLB letter showing the requested bond amount.**

BUSINESS INFORMATION	Company Name (Must be exactly as it appears on bond):			Business Phone #:
Company Address:	City:	State:	Zip Code:	Business Net Worth: \$
Nature of Business:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Date Formed (Corp. or LLC):	# of Owners, Partners or Members:	*How Long in Business?
Previous Bonding Company:	Reason for Changing Bonding Company (Not Applicable in MO) :			

PERSONAL INFORMATION	Applicant's Name:		Social Security #:	Cell Phone:
Spouse's Name:		Social Security #:		Cell Phone:
Residence Address:	City:	State:	Zip Code:	Years Experience:
Real Estate Owned:	Real Estate Equity: \$	Email Address:		
Ever Declared Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever declined for Bonding previously? (Not Applicable in MO) <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:

PERSONAL INFORMATION	Additional Applicant Name:	<input type="checkbox"/> Additional Owner <input type="checkbox"/> Co-Signer	Social Security #:	Cell Phone:
Spouse's Name:		Social Security #:		Cell Phone:
Residence Address:	City:	State:	Zip Code:	Years Experience:
Real Estate Owned:	Real Estate Equity: \$	Email Address:		
Ever Declared Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Pending or Prior IRS Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Lawsuits Pending Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever declined for Bonding previously? (Not Applicable in MO) <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:

Statements- Fraud: "Any Person who knowingly and with intent to injure, defraud, or deceive and insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

Credit: Completion of this application constitutes permission to obtain consumer information which will be used to determine bonding eligibility

Next Step: Email application & CSLB requirement letter to apps@southcoastsurety.com or fax to 949-361-9926