

Contractor's License Bond

Bond Number _____

Know all men by these presents:

That

(Name of Company as Licensed - Must be exact)

_____ as Principal

and _____, as Surety, are held and firmly bound unto the state of New Mexico, Regulation and Licensing Department, Construction Industries Division as obligee, in the penal sum of \$ _____ lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly, severally and firmly by these presents.

Signed, Sealed and Dated Effective _____

WHEREAS, the above bounden Principal has applied for a license to operate as a contractor within the state of New Mexico;

NOW, THEREFORE, the condition of this obligation is such that if the above bounden Principal shall comply with the applicable statutes of the state of New Mexico and all rules, regulations and orders of the Construction Industries Division of New Mexico, then the above obligation shall be void; otherwise to be and remain in full force and effect.

It is understood and agreed that the aggregate liability of the Surety shall not exceed the penal sum of this bond; this bond is continuous in form; and if the Surety shall so elect, this bond may be canceled thirty (30) days from the date of the receipt of the cancellation request by the Construction Industries Division.

X

Signature of Principal

(corporate officer, owner, or partner)

Name of Bonding Company

Name of local Agency issuing Bond

Street Address

X

Signature of Bonding Agent

City State Zip Code

Telephone number

Bond Seal

NOTE! The above named bonding company must be authorized to do business in New Mexico or this bond form is invalid.

A Power of Attorney must be attached.



CLSI
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1NMCLB 11/01/01

Bond forms change; this is for educational purposes only

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____

NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ AMOUNT: _____
OBLIGEE: _____ EFF.DATE: _____ EXP.DATE: _____
OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
BUSINESS NAME: _____
BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
TYPE OF COMPANY CORP ☐ LLC ☐ DBA ☐ PARTNERSHIP ☐ HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?

HAS APPLICANT EVER FAILED IN BUSINESS? YES ☐ NO ☐ HAS APPLICANT EVER FILED BANKRUPTCY? YES ☐ NO ☐

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____

SS#: _____ SPOUSE SS# _____ HOME PHONE: _____

RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

ADDITIONAL OWNERS / PARTNERS

OWNER'S NAME: _____ SPOUSE NAME _____

SS#: _____ SPOUSE SS# _____ HOME PHONE: _____

RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS		NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc
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