

**STATE OF OREGON  
CONSTRUCTION CONTRACTORS BOARD**

**COMMERCIAL  
SURETY BOND**

CCB # (if already issued) \_\_\_\_\_

Surety company's bond # \_\_\_\_\_

\_\_\_\_\_ (the "**Principal**")  
is a "commercial contractor" as defined by ORS 701.005. The Principal is applying for a license and commercial endorsement from the Construction Contractors Board of the State of Oregon, or for renewal of its license and endorsement, and as a condition of the license is required by ORS Chapter 701 to furnish a bond in the penal sum of \_\_\_\_\_, issued by a corporation authorized to do business in the State of Oregon (the "**Surety**"), subject to the conditions stated in this bond.

\_\_\_\_\_ (the "**Surety**")  
hereby binds itself, its respective heirs, personal representatives, administrators, successors and assigns to pay to the State of Oregon the sum of \_\_\_\_\_.

The obligation of the Surety under this bond is void if in accordance with ORS Chapter 701 and OAR Chapter 812 the Principal pays all amounts that are ordered by the Construction Contractors Board to be paid by the Principal; otherwise this obligation remains in full force and effect.

This bond is for the exclusive purpose of ensuring payment of final orders of the Construction Contractors Board in accordance with ORS Chapter 701.

This bond is one continuing obligation, and the liability of the Surety for the aggregate of all claims which may arise under this bond may in no event exceed the amount of the penal sum of this bond.

This bond is effective on the date the Principal meets all requirements for licensing or renewal and remains continuously in effect until depleted by claims paid under ORS Chapter 701, unless the Surety sooner cancels the bond. The Surety may cancel this bond and be relieved of further liability for work performed by the Principal on contracts entered after cancellation by giving 30 days' written notice to the Principal and the Construction Contractors Board of the State of Oregon. Cancellation does not limit the responsibility of the Surety for final orders relating to the work period as defined by OAR Chapter 812.

This bond shall not be valid for purposes of licensing in accordance with ORS Chapter 701 unless filed with the Construction Contractors Board within sixty (60) days of the date shown below.

Surety represents and warrants that it is authorized to transact surety business in the State of Oregon.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**SURETY:**

Name: \_\_\_\_\_

By: \_\_\_\_\_  
*Signature*

As: ATTORNEY-IN-FACT  
\_\_\_\_\_  
*Printed Name of Attorney-in-fact or Agent*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Agency Address* *Phone*

\_\_\_\_\_  
*City* *State* *Zip*

**Please note:** This bond is not valid until filed and licensing is completed with the Construction Contractors Board.

**PLEASE COMPLETE THE CHECKLIST ON THE BACK OF THIS FORM**

Bond forms change; this is for educational purposes only

## **ATTENTION SURETY:**

### **PLEASE COMPLETE THIS CHECKLIST**

CCB license number is filled in if already issued. If new license applicant, leave blank.

Bond number is filled in.

Contractor's name correctly filled in on the first line:

- If a *sole proprietorship*, applicant's full first, middle, and last legal name must appear (no spouses).
- If a *partnership*, all partners' full first, middle, and last legal names must appear.
- If a *limited liability partnership* (LLP), all partners' legal names must appear.
- If a *joint venture*, all partners' legal names must appear.
- If a *limited partnership* (LP), all general partners' names, the name of the limited partnership and any other assumed business names used must appear (no limited partners).
- If a *limited liability company* (LLC), the LLC name only must appear (no personal names).
- If a *corporation*, the corporate name only must appear (no personal names).
- If a *trust*, the name of the trust only must appear (no personal names).

The surety's name is on the second line.

The amount of the bond appears in two places.

The bond agent or attorney-in-fact signed the bond.

The date of the bond is the date the bond company signed it.

An original power of attorney in favor of the bond agent or attorney-in-fact is attached to the bond.

**SURETY: Send the original bond and power of attorney to the applicant. Do not send to CCB.**

## **ATTENTION APPLICANT:**

1. The bond must be issued in the exact entity name that you have listed on your application.
2. If you are a new license applicant, do not have the bond company send the bond directly to the CCB. The correctly completed, ORIGINAL bond and power of attorney must be submitted with your application and fee for the license.
3. The original bond and power of attorney MUST reach the Construction Contractors Board within 60 days from the date on the bond in order to be valid.

**State of Oregon**  
**Construction Contractors Board**  
Mailing address: PO Box 14140  
Location: 700 Summer St. NE, Suite 300  
Salem, OR 97309-5052  
503-378-4621  
[www.oregon.gov/ccb](http://www.oregon.gov/ccb)

**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 BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES  NO

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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
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**      **Toll Free: (888) 518-8011**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                              **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**