



Subdivision, Maintenance, Right of Way Bond Application

CCI Surety, Inc. ★ ccisurety.com ★ Home Office: 866-317-3294

Date: _____

1. General Information *(complete all that is applicable depending on bond need)*

Name of Entity to be bonded:		
Developer:	Phone #:	
Developer Address:	Contact Person:	
Subdivision Name:	Type of Project:	
General Contractor:	Phone #:	
GC Address:	Contact Person:	
Anticipated Project Start Date:	Completion Date:	
How is work being financed?	Lending Facility:	
Loan Officer/Contact:	Phone Number:	
Describe Location:		
Price Range of Units \$:	Number of Units:	Sq Ft of Units:

2. Bond Information

Types of Bonds Required: <i>(Site Improvements, Right of Way, Maintenance, etc)</i>		
Type 1:	Bond Amount:	Engineer's Estimate:
Type 2:	Bond Amount:	Engineer's Estimate:
Type 3:	Bond Amount:	Engineer's Estimate:
Obligee (City, County, etc Requiring the Bond):		
Obligee Address:		
Bond Form Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> *If yes, please provide a copy with this application.		

3. Ownership/Indemnitors *(all owners – use additional pages if needed)*

Name:	SS# or FEIN:
Physical Address:	Date of Birth:
Spouse Name:	Spouse SS#:
Prior Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?	Prior bond claims? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of your Assets in a Trust: Yes <input type="checkbox"/> No <input type="checkbox"/>	% Ownership:
Other Entities Owned: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name(s):

Name:	SS# or FEIN:
Physical Address:	Date of Birth:
Spouse Name:	Spouse SS#:
Prior Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?	Prior bond claims? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of your Assets in a Trust: Yes <input type="checkbox"/> No <input type="checkbox"/>	% Ownership:
Other Entities Owned: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name(s):

3. Ownership Contd.

Name:	SS# or FEIN:
Physical Address:	Date of Birth:
Spouse Name:	Spouse SS#:
Prior Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?	Prior bond claims? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of your Assets in a Trust: Yes <input type="checkbox"/> No <input type="checkbox"/>	% Ownership:
Other Entities Owned: Yes <input type="checkbox"/> No <input type="checkbox"/> Name(s):	

4. Prior Experience

Name of Development:	Date Completed:
City/State:	Prime Contractor:
Bonded? Yes <input type="checkbox"/> No <input type="checkbox"/> Surety:	Contract Amount:

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Bonded? Yes <input type="checkbox"/> No <input type="checkbox"/> Surety:	Contract Amount:

Name of Development:	Date Completed:
City/State:	Prime Contractor:
Bonded? Yes <input type="checkbox"/> No <input type="checkbox"/> Surety:	Contract Amount:

5. Attach the following information:

- 1) Financial Statements for Business and Personal Indemnitors
- 2) Corporate and Individual Cash Verifications (Bank Statement or Bank Letter)
- 3) Operating Agreement if Business is a LLC
- 4) Engineer's Estimate
- 5) Proof of financing for cost of improvements
- 6) Agreement requiring the bond, if applicable
- 7) Required Bond Form(s), if applicable

Credit Release Authorization: I/we authorize Construction Capital, Inc. and/or CCI Surety, Inc. to access our business and personal credit records and to make such pertinent inquiries as may be necessary from third party sources in order to investigate the information submitted including, but not limited to, the application, any financial statements, any and all creditors and/or lending institutions, and any past Surety credit.

Signature: _____ Name/Title: _____ Date: _____

Signature: _____ Name/Title: _____ Date: _____