

Bid Bond     Final Bond



**WORLD WIDE BONDING AGENCY**  
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 PH: 888-681-7685, FAX: 716-681-7683  
 www.wwbagency.com

**Construction Services Express – BOND QUESTIONNAIRE**

This application must be **fully completed**, as well as signed and dated by the Agent.  
**THIS IS A LEGAL DOCUMENT - PLEASE TYPE OR PRINT LEGIBLY.**

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Applicant's Name ( <i>As it appears on the Contractor's License</i> ):		Contractor's License #:	Phone:
			Fax:
			Email:
Business Address ( <i>Street Address, City, State and Zip Code</i> ):			Type of Business:
			<input type="checkbox"/> 'S' Corp <input type="checkbox"/> 'C' Corp
			<input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship
			<input type="checkbox"/> LLC <input type="checkbox"/> Other _____
Year Company Started:	How long has the business operated under current management?	Prior Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, give name of surety and reason for change.	
Has the Applicant, Owner(s), or Management involved professionally or personally:			
a. Ever failed in business or declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Ever had any lawsuits or judgments against them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Ever defaulted on a surety bond or bank loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		d. Been subject to any open claims or litigation with any surety? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(If any answers are yes, please provide details on a separate page.)</i>			

**GIVE THE FOLLOWING INFORMATION ON EACH OWNER/STOCKHOLDER/SPOUSE**

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Owner Name	SSN	DOB	% Ownership
Physical Address	Position		Years Experience
Spouse Name	SSN	DOB	% Ownership
Owner Name	SSN	DOB	% Ownership
Physical Address	Position		Years Experience
Spouse Name	SSN	DOB	% Ownership
Owner Name	SSN	DOB	% Ownership
Physical Address	Position		Years Experience
Spouse Name	SSN	DOB	% Ownership
Owner Name	SSN	DOB	% Ownership
Physical Address	Position		Years Experience
Spouse Name	SSN	DOB	% Ownership

**CONSTRUCTION OPERATIONS**

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Type of Construction Engaged In:	Geographic Area of Operations ( <i>State</i> ):
Largest Project Completed ( <i>Description</i> ):	Contract Price:
	Gross Profit:
	Year Completed:
	Owner/Obligee:

**BOND REQUEST**

Obligee Name and Address ( <i>Who is requiring the bond?</i> ):	
Project Description ( <i>Specify work Applicant is performing</i> ):	Total current work on hand/cost to complete ( <i>Not including this project request</i> ):

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**Bid Bond**

Bid Date: \_\_\_\_\_ Estimated Contract Amount: \$ \_\_\_\_\_ Bid Bond Amount: \_\_\_\_\_ (\$ or %)  
 Start Date: \_\_\_\_\_ Completion Time: \_\_\_\_\_ Project Location (*City, State*): \_\_\_\_\_  
 Liquidated Damages: \$ \_\_\_\_\_ Consequential Damages?  Yes  No Warranty/Maintenance Period: \_\_\_\_\_ years  
 Warranty/Maintenance Bond Required?  Yes  No If so, what amount? \_\_\_\_\_ (\$ or %) Term of Bond: \_\_\_\_\_

**Final Bond**

Performance Bond Amount: \$ \_\_\_\_\_ Payment Bond Amount: \$ \_\_\_\_\_ Contract Price: \$ \_\_\_\_\_  
 Date Contract Signed: \_\_\_\_\_ Start Date: \_\_\_\_\_ Completion Time: \_\_\_\_\_  
 Project Location (*City, State*): \_\_\_\_\_ Liquidated Damages: \$ \_\_\_\_\_ Consequential Damages?  Yes  No  
 Warranty/Maintenance Period: \_\_\_\_\_ years Was Project Bid?  Yes  No (*If yes, provide results below.*)  
 1<sup>st</sup> Low Bid Amount: \$ \_\_\_\_\_ 2<sup>nd</sup> Low Bid Amount: \$ \_\_\_\_\_ 3<sup>rd</sup> Low Bid Amount: \$ \_\_\_\_\_  
 Was Bid Security Required?  Yes  No (*If yes, what form of security?*) \_\_\_\_\_  
 Warranty/Maintenance Bond Required?  Yes  No If so, what amount? \_\_\_\_\_ (\$ or %) Term of Bond: \_\_\_\_\_

**AGENCY INFORMATION**

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Agency Name:		Producer Name:	
Agency Code:	Agency Email:	Agency Phone:	Agency Fax:
Is the Applicant an existing insurance account of your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are all insurance premiums current? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe the length and nature of your relationship with the Applicant:  Why do you recommend the Applicant for this bond?	

The Agent attests that the Applicant has represented that the above statements and responses are accurate. The Agent also attests that he/she has informed all of the individuals listed above that as part of Travelers' underwriting process, Travelers retains the right to investigate personal credit history and that to the extent required by law, Travelers 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: \_\_\_\_\_  
 (Print Agent Name)

\_\_\_\_\_  
 (Position or Title)

AGENT SIGNATURE: \_\_\_\_\_

*All applications are available online via the Bond Forms Library at [www.travelersbond.com](http://www.travelersbond.com).*

## **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.