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License & Permit/Miscellaneous Application

1. AGENCY INFORMATION		I	Agency/Broker Name:					Phone:			Email:				
			Michael Kenney Insurance Aged				gecy, Inc. 619-797-1447				lisa@kennedyinsurance.com				
2. WHY DID YOU Re		Refe	Referred?			Marketing?			Past Business?			Web Search?			
			Company?			Call Email			Contract Bonds				rch Words?		
			Individual?			Visit Other			Comm. Bonds			Scarcii Words!			
(mark an mat apply)	marv	riuuai !		visit Other Co			Con	IIII. DOIIUS							
3. BOND INFORMAT	Type of B	f Bond (attach Bond Form) Amount of B						ond			Effective	Date			
5. DOND INFORMATION			Type of Bona (anath Bon										Entenie Bute		
Obligee Name (Who is Requiring the Bond?): Obligee Address:								Expiration Date: (If other than one year)				
4. BUSINESS Company Nan			ne (As Appears on Bond)				Business P			hone # : Busine			ess Fax # :		
INFORMATION			me (i is i appears on Bona)												
Company Address:			City:			Sta			Zi	ip Code: Co		County Business is Located In:			
Nature of Business			Proprietorship			Date Formed			# of Owners,		<u> </u>		How Long in		
			Corporation						Partners or Me		mbers Bu		Business?	Business?	
			Partnership LL												
Previous Bonding Company	r Changing I	Changing Bonding Company:				P	ast or F	Pending Bond Claims?			Ever had their business license suspended, revoked or denied?				
						Yes No			Yes No						
5. PERSONAL INFOR												Owne	ership % ?		
(Owner #1) All owners including spouses must complete "Personal Information" - Add more sheets if nec								s if nec	-	•					
Applicant Name:								Social Sec			urity#:	rity#: Date of Birth:			
Chausas Namai									Social Security #:			Date of B	i seth .		
Spouses Name:										Social Security # .			Date of Bittii.		
Residence Address:			City:			State:			Zip Code:		Ever bee		en convicted of a crime?		
			City.			State.					Yes No				
Are you the Trustee,		Eve	ver Declared Pending or P			rior Any Lawsuits			Ever decli					Home Ownership?	
			ankruptcy? IRS Liens?			Pending again							Tionic o	whership:	
Yes No Y		Yes	s No Yes No			Yes No			Yes		No		Own Rent		
i es i No		103	110	105 110		103	110	,		105			Own	Kent	
6 DEDCONAL INFOR	NAATI) NI										Owne	ership % ?		
6. PERSONAL INFORMATION (Owner #2) All owners including spouses must complete "Personal Information" - Add more sheets if necessary															
Applicant Name:										Social Security # : D			Date of B	Birth:	
Tr															
Spouses Name:									Social Security		urity#:	Date of Birth:			
•											,				
Residence Address:				City: S			State:	tate: Zip Co		ode: Eve		ver bee	er been convicted of a crime?		
		Eve	rer Declared Pending or							Ever declined for			Home Ownership?		
		Ban	nkruptcy? IRS Liens?		Pending aga					Bonding Previously		ly?			
Yes No		Yes	s No Yes No		Yes No					Yes No			Own	Rent	
		1		1.0		1				1			,		

Submission of this application serves as authorization for 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.