



CARWASH BOND

Required of all Carwash Business that have more than one employee. Designed to protect the employees for the payment of wages and benefits as determined by the labor code. Minimum bond amount is \$15,000.00.

SUBMISSION INSTRUCTIONS:

a) Please fill out the form and use the “Submit Application” button at the end of the page to deliver your form by email.

-OR-

b) You can fill out, print, then send or fax your completed form to the Bond Services location nearest you.

INFORMATION NEEDED:

To complete a submission for a Carwash Bond please forward the following items:

- 1) Completed Bond Request Sheet (attached)
- 2) Business Financial Statement

Your emergency is our emergency, an underwriter will respond to your request within 24 hours of receipt.

San Diego

401 West A Street #1810
San Diego, CA 92101
Phone: 619-231-9522
Fax: 619-231-9545
sandiego@bondservices.com

Orange County

2700 N. Main St. #1105
Santa Ana, CA 92705
Phone: 888-558-3007
Fax: 714-558-8297
orangecounty@bondservices.com

Los Angeles

900 Wilshire Blvd #1400
Los Angeles, CA 90017
Phone: 213-628-2970
Fax: 213-628-2977
losangeles@bondservices.com

Inland Empire

242 E. Airport Drive #206
San Bernardino, CA 92408
Phone: 909-890-1409
Fax: 909-890-4282
sanbernardino@bondservices.com

San Jose

52 South First Street #210
San Jose, CA 95113
Phone: 408-998-5056
Fax: 408-279-3160

Concord

2300 Clayton Road #1440
Concord, CA 94520
Phone: 925-676-2663
Fax: 925-676-2339
concord@bondservices.com

Sacramento

7221 South Land Park Drive
Sacramento, CA 95831
Phone: 916-424-0435
Fax: 916-424-0437
sacramento@bondservices.com

Texas

201 Main Street #600
Fort Worth, TX 76102
Phone: 817-349-6038
Fax: 817-349-6040
info@southwestbonding.com



BOND SERVICES OF CALIFORNIA, LLC

Your Bonding Resource Center!

COMMERCIAL SURETY BOND REQUEST INFORMATION SHEET

Contact Name : _____ Contact Number: _____

Type of Bond: _____ Bond Amount: _____

License number: _____ Bond Effective Date: _____

Term Length: _____ (number of years the bond should be issued for)

Principal / Company Name: _____
(Name exactly as it is to appear on the bond)

Address: _____

Phone: _____ Years in Business: _____

Sole Proprietorship Partnership Corporation If partnership or Corporation, number of partners or stockholders: _____

If applying for a bond on behalf of the company, please attach a business financial statement for all bonds over \$10,000

Individual's Name: _____

Married Divorced Single Separated

Spouse's Name: _____

Home Address: _____

Phone: _____

Social Security #: _____ Spouse's Social: _____

Drivers License: _____ Spouse's License: _____

Date of Birth: _____ Spouse Date of Birth: _____

Personal Checking Account Balance : \$ _____ Stocks / Bonds: \$ _____

Personal Savings Account Balance: \$ _____ Estimated Net Worth: \$ _____

Personal Real Estate Market Value: \$ _____ Date of Purchase: _____

Purchase Price: \$ _____ (If renting please enter monthly payment amount)

Balance Owing: \$ _____ \$ _____

HAVE YOU, YOUR SPOUSE OR COMPANY EVER DECLARED BANKRUPTCY? YES NO
BEEN INVOLVED IN ANY DISPUTE WHERE A LAWSUIT OR LIEN WAS FILED? YES NO
FAILED IN ANY BUSINESS VENTURE? YES NO
ARE ANY OF YOUR ASSETS IN A TRUST(S) YES NO

By completing this form you authorize the surety or its representatives to have the right to examine the credit history of the above name applicant.

Click the "Submit Application" button to send your secure online form to Bond Services of California.
