COUNTY OF ALAMEDA CONTRACTOR BONDING ASSISTANCE PROGRAM CONTRACTOR ENROLLMENT FORM

1. Participant's Name & Ad	dress: Da	.te:				
(Company Name)						
(Address) (City)	(State)		(Zip C			
Name of owner: Phone Number:" E-mail:		Name """"'Fax N	of manager: umber:			
<u>Company Information:</u> a. Trade Specialty: c. Type of Entity:'''''''Corp f . Date Business Establishe	oration'''''Pa d:g	b. Lice rtnership Annual B	ense Number/Cla """"Sole Proprie Business Volume:	ss: etot \$		
(Check all that apply): In the last three (3) years, I In the last three (3) years, I						either
Business Relationships a. Current surety: c. Current bond line: \$ e. Current credit line: \$		d.	Current bank:			
 <u>Certification and Busine</u> a. County of Alameda b. County of Alameda c. COP d. ECOP e. DBE 	-LOCAL	eck all tha	<u>at apply):</u>			
3. <u>Regarding the Contractor</u> <u><i>I am in</i></u>	Bonding Assi		· · ·	l that apply	<u>y):</u>	
 a. Bonding (\$		b. d.	Bidding/job est Business Mana	igement		
Signature	ĿE			Date		

Contractor Enrollment Form.alameda SBP-January 09

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