



Fax completed request to 410-876-9954  
 Or  
 Email to: [info@thebarbourgroup.com](mailto:info@thebarbourgroup.com)

## LICENSE & PERMIT BOND REQUEST FORM

Please Complete ALL Information

Company Name \_\_\_\_\_  
(exactly as it appears on your license and/or will appear on bond)

Company Address \_\_\_\_\_

Company Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of Individual Signing the Bond \_\_\_\_\_

Individual's Title \_\_\_\_\_

# yrs. experience in this profession \_\_\_\_\_

Type of Organization \_\_\_\_\_  
(Corp., Partnership, LLC, etc.)

License Number \_\_\_\_\_

# yrs. Operating as current entity \_\_\_\_\_

License Ever suspended, revoked or denied?  
(if yes, please attach explanation) \_\_\_\_\_

Any lawsuits, judgements, liens or claims against you?  
(if yes, please attach explanation) \_\_\_\_\_

Surety ever paid claim, cancelled, refused renewal or denied application?  
(if yes, please attach explanation) \_\_\_\_\_

Applicant or Indemnitor ever declared bankruptcy?  
(if yes, please attach explanation) \_\_\_\_\_

Total Amount of Outstanding Bonds \_\_\_\_\_

Name & Address of Owner/Spouse (Indemnitor) \_\_\_\_\_

Social Security # (xxx-xx-xxxx) \_\_\_\_\_ Married? Y/N \_\_\_\_\_

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Name & Address of Owner/Spouse (Indemnitor) \_\_\_\_\_

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Name & Address of Owner/Spouse (Indemnitor) \_\_\_\_\_

Social Security # (xxx-xx-xxxx) \_\_\_\_\_ Married? Y/N \_\_\_\_\_

Type of Bond: \_\_\_\_\_

Bond Amount: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Obligee Name & Address \_\_\_\_\_

MD Home Improvement Contractor's Bond	DC Home Improvement Contractor's Bond
MD DLLR, 500 N. Calvert St., Balto, MD 21202	DC DCRA, 1100 14 <sup>th</sup> St., SW, Wash., DC 20024
\$20,000.00	\$25,000.00

By providing the above information, you consent to Surety to order a credit report to be used in connection with the underwriting of this bond. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include fines, imprisonment and denial of benefits.