

Contractor Development and Bonding Program (CDBP)

Enrollment Form

Participant Information					
Company Name:					
Address:					
Name of Owner:			Name of Manager:		
Phone:		Fax:		Cell:	
Owner Email:			Manager Email:		
Company Information					
Trade Specialty:		CSLB No:		CSLB Class:	
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other → <i>Explain:</i>					
Date Business Established:			Annual Business Volume (\$):		
Business Relationships					
Broker:		Surety:		Bank:	
Current Bond Capacity: <i>Single (\$)</i>		<i>Aggregate (\$)</i>		Credit Line Available (\$):	
Contractor Prequalification Assessment					
Total Value of Current Contracts on Hand:			Current Personal Net Worth:		
Current Company Net Worth:			Current Company Net Income/(Loss):		
Current Company Cash on Hand:			Current Company Bank Line of Credit:		
Please Use the Space Below to List the last three (3) largest projects/contracts you have completed in the last five (5) years:					
Project / Job Owner	Type of Dfc YW	Location (City & State)	Contract Price	Date Completed	Gross Profit
1.					
2.					
3.					
In the past three (3) years, I have BID on Public Works projects as a: <input type="checkbox"/> Prime <input type="checkbox"/> Sub <input type="checkbox"/> Both <input type="checkbox"/> None					
In the past three (3) years, I have been AWARDED on Public Works projects as a: <input type="checkbox"/> Prime <input type="checkbox"/> Sub <input type="checkbox"/> Both <input type="checkbox"/> None					
Certification & Ethnicity					
Certification Status: <input type="checkbox"/> Active <input type="checkbox"/> Pending <input type="checkbox"/> None					
Certified As: <input type="checkbox"/> SBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE <input type="checkbox"/> VSBE <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> EBE <input type="checkbox"/> None <input type="checkbox"/> Other:					
Certified With: <input type="checkbox"/> CUCP <input type="checkbox"/> Metro <input type="checkbox"/> City of LA <input type="checkbox"/> State of California (DGS) <input type="checkbox"/> CPUC <input type="checkbox"/> None					
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian-Pacific American <input type="checkbox"/> Subcontinent Asian-Pacific American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other:					
Bond Assistance Programs, Services and other Public Agencies I'm Interested In:					
<input type="checkbox"/> Bonding, Amount? (\$)			<input type="checkbox"/> Financing, Amount? (\$)		
<input type="checkbox"/> Bidding / Estimating <input type="checkbox"/> Business Management <input type="checkbox"/> Marketing <input type="checkbox"/> Accounting <input type="checkbox"/> Other:					
Programs/Entities: <input type="checkbox"/> City of LA; Specifically, → <input type="checkbox"/> Public Works <input type="checkbox"/> LAWA <input type="checkbox"/> LADWP <input type="checkbox"/> Port of LA <input type="checkbox"/> SBCCD <input type="checkbox"/> LAUSD <input type="checkbox"/> County of LA <input type="checkbox"/> LA Metro <input type="checkbox"/> LACCD <input type="checkbox"/> Port of Long Beach					
Authorization					
I/WE AUTHORIZE AND CONSENT TO MERRIWETHER AND WILLIAMS INSURANCE SERVICES, INC. (MWIS), AS BOND ASSISTANCE PROGRAM ADMINISTRATORS, AND/OR SURETY/BANK OBTAINING INFORMATION FROM THIRD PARTIES, INCLUDING BUT NOT LIMITED TO, CREDITORS, BROKERS, SURETIES, INSURERS, BANKS, OR ANY INDIVIDUAL(S) OR INDIVIDUAL REPRESENTATIVE(S) OF ANY FIRM(S), ENTITY (IES) OR ORGANIZATION(S) LISTED IN THE DOCUMENTS SUBMITTED BY ME/US OR FOR ANY OTHER PURPOSE RELATED TO THE EVALUATION OF MY/OUR QUALIFICATIONS. I/WE RECOGNIZE THAT TO ENSURE THE EFFECTIVENESS OF THE ENROLLMENT PROCESS, SUCH INDIVIDUALS MUST BE ABLE TO SPEAK FRANKLY AND OPENLY. ACCORDINGLY, I/WE HEREBY FULLY AND UNCONDITIONALLY RELEASE AND DISCHARGE SUCH THIRD PARTY INDIVIDUALS AND THE FIRMS, ENTITIES AND ORGANIZATIONS THEY REPRESENT, FROM ANY CLAIM OR LIABILITY RELATING TO INFORMATION PROVIDED IN CONNECTION WITH THE PROCESSING, INVESTIGATION AND EVALUATION OF OUR APPLICATION OR ENROLLMENT DOCUMENTATION.					
Signature of Applicant:				Date:	

Note: If you do not have an Account Manager assigned to your company yet, please complete and return this form to MWISINFO@imwis.com.

