



Business Alliance Insurance Company

400 Oyster Point Blvd., Suite 327, South San Francisco, CA 94080
Telephone: (650) 866-3999 Fax: (650) 866-3996 Email: claims@ebaic.com

Contractor License Bond Claim Form

Please make sure you sign this form before submitting it.

Please attach **COPIES** of all relevant documents (i.e. contracts, proof of payments, invoices, business cards, receipts, correspondence, complaint filed with the CSLB if any, etc.). **DO NOT SEND ORIGINALS - DOCUMENTS RECEIVED WILL NOT BE COPIED AND/OR RETURNED.**

1. YOUR NAME Last First Middle

NAME OF YOUR COMPANY, IF APPLICABLE

ADDRESS Number & Street City State Zip code

PHONE NUMBERS home cellphone EMAIL ADDRESS

2. CONTRACTOR NAME (as shown on contract/invoice)

LICENSE NUMBER USED, IF ANY BOND NUMBER, IF KNOWN

ADDRESS Number & Street City State Zip Code

PHONE NUMBERS home cellphone EMAIL ADDRESS

CONSTRUCTION SITE/PROJECT INFORMATION

3. PROJECT ADDRESS Number & Street City State Zip Code

Is the construction site your personal family residence?

Yes

No

4. OWNER OF CONSTRUCTION SITE

PHONE NUMBER

OWNER ADDRESS Number & Street

City

State

Zip Code

5. Describe briefly or list the scope of work for which you contracted (i.e. painting, plumbing, concrete, patio cover, room addition).

6.
CONTRACT
DATE

7. CONTRACT
AMOUNT

8. AMOUNT PAID
ON CONTRACT

9. DATE WORK
STARTED

10. DATE
WORK
CEASED

11. List your items of complaint or describe the circumstances giving rise to your claim (i.e. job abandonment, workmanship issues, non-payment of wages, non-payment to material suppliers, non-payment to subcontractors). If more room is needed, please attach a sheet of paper.

12. Have you filed a claim or action in court to recover your damages?

Yes (If so, provide documentation with this form.)

No

13. Was this contract:

Written

Oral

14. Were there any change orders? If yes, were they:
Yes Written
No Oral
Both

15. Were any mechanic's liens filed on this job?
Yes (Provide a copy if available)
No

If yes, by whom? How much?

16. What attempts have you made to contact the contractor?
Unable to locate
Personal contact
Telephone
Letter (provide copies)
Email (provide copies)
Text messaging (provide copies)

17. Have you notified the contractor in writing of the issue in dispute?
Yes (provide copies)
No

18. Have you obtained an estimate from another contractor to correct and/or complete the project? Amount
Yes (provide copies)
No

19. Have you had the job corrected or completed? Amount
Yes (provide copies of the contract(s) and proof of payment.)
No

CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

1879.2 Notice of penalty for false or fraudulent claims:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

I declare under penalty of perjury that the information contained on this Claim Form is true and correct to the best of my knowledge, and that this declaration was signed at:

City

State

SIGN HERE _____

DATE _____