



# Business Alliance Insurance Company

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## 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.**

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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

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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

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### 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

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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

**FORM YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:**

**Insurance Code §1871.2**

**Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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 \_\_\_\_\_