



CONTRACTOR'S EXAM CENTER, INC.
EXAM PREP / BONDS / INSURANCE

NV Residential Improvement Bond for Protection of Consumers
\$100,000.00 Nevada State Contractors Board

Fill this out and we'll get you a fast quote!
Include ALL Owners and %

BUSINESS INFORMATION

Business Name (As it appears on license):				Type of Business:			
				Proprietorship <input type="checkbox"/>		Partnership <input type="checkbox"/>	
				Corporation <input type="checkbox"/>		LLC <input type="checkbox"/> LLP <input type="checkbox"/>	
Address:		City:		State:		Zip Code:	
Business start date:	Years of experience:	Tax ID:	Phone:	License #:			

HAS THE BUSINESS OR OWNER(S)

Changed from a prior surety?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Ever been canceled by a surety?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Ever caused a surety a loss?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Ever had a license suspended or denied?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Do you have a bankruptcy in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any current or past claims?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any outstanding child support payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any outstanding tax liens?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OWNER(S) INFORMATION

Applicant's Name:	SSN:	Date of Birth:	Email:			
Spouse's Name:	SSN:	Date of Birth:	Email:			
Home Address:	City:	State:	Zip Code:	Rent or Own		
				Rent <input type="checkbox"/> Own <input type="checkbox"/>		

Applicant's Name:	SSN:	Date of Birth:	Email:			
Spouse's Name:	SSN:	Date of Birth:	Email:			
Home Address:	City:	State:	Zip Code:	Rent or Own		
				Rent <input type="checkbox"/> Own <input type="checkbox"/>		

LISA ROGERS NV Bond Agent # 40015
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866-949-7277 775-322-7100

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Pre-Qualifying consists of a personal and /or business credit inquiry.