

Simple Surety Bond Application

For Single Bond or Aggregate programs up to \$750,000, complete page 1.

For Single Bond or Aggregate Programs in excess of \$750,000, up to \$1,500,000, complete pages 1 and 2

CONTRACTOR INFORMATION

1. Company _____ Corp _____ S Corp _____ LLC _____
Address _____ Partnership _____ Proprietorship _____
2. Year Started _____ Construction Specialty _____
Largest job completed in last 3 years: Contract Price \$ _____ Job Description: _____
Are there any unfinished bonded contracts with other sureties, if yes, attach explanation. YES _____ NO _____
3. Owners/Officers of the company
Name (1) _____ % Ownership _____ SSN _____
Spouse _____ % Ownership _____ SSN _____
Home Address _____ Own Your Home? YES _____ NO _____
Name (2) _____ % Ownership _____ SSN _____
Spouse _____ % Ownership _____ SSN _____
Home Address _____ Own Your Home? YES _____ NO _____

***For new applicants, complete and sign the General Indemnity Agreement on page 2.**

4. Has the Company, any related entity, any predecessor company, or any owner ever:
Failed in business or been in bankruptcy YES _____ NO _____
Failed to complete a contract or had a paid claim with a surety? YES _____ NO _____
Been involved in any litigation or delinquent with any payroll? YES _____ NO _____
Had State or Federal tax liens within the last 3 years? YES _____ NO _____
Were you bonded in the past – by whom? _____ YES _____ NO _____

JOB INFORMATION**CONTRACTOR PREQUALIFICATION FOR BONDING – NO BOND NEEDED AT THIS TIME.**Check here ☐

Owner/Obligee _____
Job Description/Location _____
Bid Date _____ Bid Bond Amount or % _____ Performance/Payment Bond Amount or % _____
Estimated Bid/Contract Price \$ _____ Start Date _____ Completion Date _____
Maintenance Term _____ Liquidated Penalties \$ _____
Total cost to complete work on hand (w/o this job) \$ _____
If job has already bid – bid results 1) _____ 2) _____ 3) _____
Bid secured by: Check _____ Bond _____ Negotiated _____
Bond Forms: Old Republic Forms _____ AIA _____ Other (Please provide copy) _____

*** For private jobs or subcontracts, please enclose a copy of the contract and bond forms for projects over \$250,000****AGENCY INFORMATION**

Agency Name _____ Agency Code _____ Contact Person: _____
Is Contractor an existing insurance account? YES _____ NO _____ Length of relationship _____

The applicants and indemnitors certify the truth of all statements in this Application and authorize the Surety to verify this information and to obtain additional information from any source including obtaining a credit report. Please note that full indemnity will be required (business, owners and spouses). Also, Surety may ask additional questions or request additional information as needed.

FINANCIAL INFORMATION

Company Financial Information – Provide the latest fiscal year end financial statement. If more than 6 months old, also include a current interim financial statement. If CPA-prepared financial information is unavailable, provide the company's in-house prepared financial statements or the company's most recent tax return.

Personal Financial Statements – Provide a current personal financial statement on each owner.

Does the contractor have a formal bank line of credit? YES _____ NO _____

If "YES" amount of Line of Credit? _____ Amount currently borrowed? _____

Need a larger bond? No Problem. Contact us with details.

EXPERIENCE INFORMATION

Largest Contract completed last 3 Years (Owner/GC) _____

Contract Amount _____ Profit _____ Type of Work _____

Contact Person _____ Phone _____ Email _____

Largest Project Currently Underway (Owner/GC) _____

Contract Amount _____ Profit _____ Type of Work _____

Contact Person _____ Phone _____ Email _____

INDEMNITY AGREEMENT (complete for all new applications)

(A FACSIMILE AND OR SCANNED COPY OF THIS AGREEMENT SHALL BE TREATED AS AN ORIGINAL FOR ALL PURPOSES)

I/We the undersigned declare that the above statements are true and correct. I/We hereby apply to Surety, for a bond or any bonds, continuances, renewals, additions and or increases. I/We agree individually and as a firm to fully indemnify and hold harmless Surety from and against any and all claims, demands or legal expenses of any kind or nature which arise by reason of the execution of any bonds issued for and/or on behalf, or at the request of, any and/or all Indemnitors including attorney fees and costs incurred by Surety in enforcing the terms of this Application. An itemized statement of loss and expense incurred by Surety, sworn to by an officer of Surety, shall be prima facie evidence of the fact and extent of my/our obligation to Surety. At any time Surety may demand from the undersigned a monetary sum to secure any actual or contingent liability or claim pertaining to the bond.

I/We authorize Surety as well as its successors and assigns to adjust, settle or compromise any claim, demand, suit or judgment upon said bond(s) and defend such suit and appeal such judgment or at Surety's election to have the case, cross-action or proceeding, or any part of it or any appeal, writ of error, certiorari or any part thereof dismissed. Surety may demand from Principal and/or indemnitors sufficient collateral to discharge any claim against Surety by reason of such suretyship. This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss.

I/We understand the bond(s) applied for is a credit relationship, and authorize Surety, or its authorized agents to gather such credit information it considers necessary and appropriate for purposes of evaluating whether such credit should be granted and/or continued. Each of the undersigned, jointly and severally agree to be bound by the terms of the foregoing Indemnity Agreement, as fully as though each of the undersigned were the sole applicant named herein.

Signed this _____ day of _____ 20 _____ If sole owner, applicant must sign on behalf of firm. If partnership, authorized partner must sign for partnership. If corporation authorized officer must sign for corporation.

Fraud warning applicable in New York: Any person who knowingly, and with intent to defraud any insurance company of other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and also shall be subject to a civil penalty not to exceed five thousand dollars in the stated value of the claim for each such violation.

Company Name: _____

Signature: _____

(Person authorized to sign for the Company) Print Name: _____ Title: _____

Indemnitors:

Signature: _____

Signature: _____

(Indemnitor) Print Name: _____

(Spouse) Print Name: _____

Signature: _____

Signature: _____

(Indemnitor) Print Name: _____

(Spouse) Print Name: _____

Signature: _____

Signature: _____

(Indemnitor) Print Name: _____

(Spouse) Print Name: _____