

CONTRACTOR INFORMATION

Company: _____ Phone #: _____ Email: _____

Address: _____

Corp S Corp LLC Partnership Proprietorship Construction specialty: _____

Year Started: _____ Largest project completed in last 3 years: Contract price \$ _____

Project Description: _____

Are there any unfinished bonded contracts with other sureties? If yes, attach explanation. Yes No

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

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

Does the contract include option extensions? Yes No

If yes, how many/until when? _____

Are annually renewable bonds allowed? Yes No

Explain all "YES" answers or attach an explanation: _____

PROJECT INFORMATION

CONTRACTOR PREQUALIFICATION FOR BONDING - NO BOND NEEDED AT THIS TIME Check Here

Owner/Obligee: _____

Address: _____

Project 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 project has already bid, bid results 1) _____ 2) _____ 3) _____

Bid secured by: Check Bond Negotiated

Bond forms: Universal Forms AIA Other (please provide copy)

For Private projects or subcontracts, please enclose a copy of the contract and bond forms if 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 the 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.