## $Surety \cdot Fidelity \cdot Insurance$

## APPLICATON FOR CONTRACT BONDS \$500,000 SINGLE / \$1,000,000 AGGREGATE

## A L L S T A R<sup>\*\*</sup> EMERGING CONTRACTOR'S APPLICATION

<b>Contractor Information</b>	Corporation	Proprietorship	Partnership	LLC	LLP	Other		
Principal/Company:			]	Federal Tax ID	):			
Address:			]	Phone Number:				
Year Company Started:(	(Street, City, State, Zip) Derations Under Current I	Management Since:	Operation	ng Territory: _				
Type of Construction Performed:								
Total Current Work On Hand: Num				Number of E	Bonded Jobs:			
List any related entities or business	interests:			<u> </u>				
Most recent year company: Gross Re		Net Worth	Net	Income				
Has the company ever failed to co	-		. 1 1	1	Yes			
<ul><li>Has the company, any stockholder</li><li>Are you involved in any litigation</li></ul>		iate ever filed for banki	ruptcy or been pla	iced in receiver	ship? Yes Yes			
<ul> <li>Are you involved in any nugation</li> <li>Has the company, any officer, ow</li> </ul>		with a surety?			Yes			
	ner, or partitler been in claim	with a surety:			103	110		
Explain all "Yes" answers:  Prior/Current Surety and any bonds of	vytata u diu a							
Prior/Current Surety and any bonds of	outstanding							
<b>Owner/Indemnitor Information</b>	* Provide informati	on on all Owners and th	neir respective sp	ouses:				
A.11	al no n		Social Security		Yrs. in	TC: 41		
Name Addres Owner:	s (No P.O. Box)		Number	Ownership	Construction	Title		
Owner:								
Spouse:								
Owner:								
Spouse:								
Contract Bond Information	(If all Owners not listed	d, please attach additional app	lication)					
Obligee/Owner:								
Address:		(Street, City, State, Zip)						
Job Description:		Estimated Bi	id Price/Contrac	t· \$	Bid Date:			
Anticipated Start Date:	Time For Completion:	Liquidated D	Damages: \$	Warra	nty Period:			
Anticipated Start Date:Bid Results: 1)	/ \$	/ \$	3)_		/ \$			
Bid Bond Amount or Percentage:								
Payment Bond Amount or Percentage.	e:	Maintenance Bond A	amount or Perce	ntage:				
Bond Forms:		<u>-</u>		·				
*Please include copy of the contrac	et and required bond form	s if applicable						
Bank References								
Name of Bank:			Date Accou	nt Established				
Address:					·			
Name of Loan Officer:		(Street, City, State, Zip)	Phor	ne:				
Name of Loan Officer:Amount of Bank Line: \$	Amount of Bank L	ine Currently in Use: S	S	Expirat	ion Date:			
Job Experience								
Largest Work On Hand: \$			Vear:					
			1 car					
Please list the two largest contracts c	ompleted:			G , , , , ,	. ф			
Your Contract With (Owner/Gor	neral Contractor):			Contract I	тісе: \$			
Name of Person to Contact:	iciai Contiactor)	Phone:		Fax:				
Job Description:     Your Contract With (Owner/Ger Name of Person to Contact:      Job Description:				Contract F	Price: \$			
Your Contract With (Owner/Ger	neral Contractor):							
Name of Person to Contact:		Phone:		Fax:				

Personal Financial Statement			Confid	ential
Full Name:		Spouses Name:		
Statement Date As of (mm/dd/yy):		Spouses (value)		
<u>Assets</u>	Amount	<u>Liabilities—Current</u>	Amo	<u>ount</u>
Cash on Hand and in Banks		Notes Payable to Banks—Secured		
U.S. Government Securities		Notes Payable to Banks—Unsecured		
Listed Securities		Notes Payable to Relatives		
Unlisted Securities		Notes Payable to Others		
Retirement Funds (eg. IRA's, 401K)		Accounts Payable		
Accounts Receivable—Relatives		Unpaid Income Tax		
Notes Receivable—Relatives		Other Unpaid Taxes		
Real Estate Owned—Residence		Real Estate Mortgages Payable—Residence		
Real Estate Owned—Other		Real Estate Mortgages Payable—Other		
Real Estate Mortgages Receivables		Other Debts—List		
Automobiles and Other Personal Property				
Cash Value Life Insurance				
Other Assets—List		Liabilities Long Term	Amo	ount
		Real Estate Mortgages Payable—Residence		
		Real Estate Mortgages Payable—Other		
		Other Long Term Debt—List		
Total Assets		Total Liabilities		
**If more than one Owner, attach additional Pers	conal	(Total Assets - Total Liabilities = Net Worth)		
Financial Statement.	Sonai	Total Liabilities + Net Worth	<i>'</i>	
		accurate statement of his or her financial condition on the ill be relying on the representations made herein.	date si	hown
Agency Name: Agency Phone:				
Agents Name:  • Is the contractor an existing insurance client			37	
<ul> <li>Are all insurance premiums current?</li> <li>Length of relationship between Agent/Contra</li> </ul>			Yes Yes	No No
financial institutions, credit reporting	g agencies	to make such pertinent inquiry as may be necessa s and all other persons, firms and corporations in nation referred to or listed herein.		
Signed:		Date:		