



For Single Bond or Aggregate Programs up to \$750,000, complete page 1 and the Indemnity Agreement on page 2.
 For Single Bond or Aggregate Programs in excess of \$750,000, up to \$1,500,000, complete pages 1 and 2.
 For Single Bond or Aggregate Programs in excess of \$1,500,000, contact your local ORSC underwriter with details.

FastBond

CONTRACTOR INFORMATION

Company _____ Corp S Corp LLC Partnership Proprietorship
 Address _____ 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

Explain all "YES" answers or attach an explanation _____

PROJECT INFORMATION

CONTRACTOR PREQUALIFICATION FOR BONDING – NO BOND NEEDED AT THIS TIME. Check here

Owner/Obligee _____
 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: Old Republic 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 The Bond Connection Agency code 74 0017 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 \$ _____

EXPERIENCE INFORMATION

Largest project completed last 3 years: (Owner/GC) _____

Contract price \$ _____ Profit \$ _____ Project description _____

Contact person _____ Phone _____ Email _____

Largest project currently underway: (Owner/GC) _____

Contract price \$ _____ Profit \$ _____ Project description _____

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 _____