



**Quick App Program**

**Service/Supply Contracts**

**\$300,000 single\***

**\$600,000 Aggregate\***

**Annual & Annual Renewable Contracts**

## Commercial Contract Surety Bond

### Application and Surety Indemnity Agreement

\*Contracts over \$200,000 and aggregates over \$400,000 may require financial information

#### Applicant Information:

Type of Business:  Partnership  (S) Corporation  (C) Corporation  Sole Proprietorship  LLC  LLP

Company Name: \_\_\_\_\_ TIN Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Has the business or any partners been bankrupt or insolvent?  Yes (attach explanation)  No

Are there any lawsuits, judgments, or liens outstanding against applicant?  Yes (attach explanation)  No

Business Total Assets: \_\_\_\_\_ Total Liabilities: \_\_\_\_\_ Total Equity: \_\_\_\_\_

Last Fiscal Year Revenue: \_\_\_\_\_ Last Fiscal Year Net Income: \_\_\_\_\_

Name and branch of Bank: \_\_\_\_\_ Individual for Bank Reference: \_\_\_\_\_

Bank Balance: \_\_\_\_\_ Line of Credit: \_\_\_\_\_ Available: \_\_\_\_\_

#### Experience Data:

List the three largest jobs currently in progress or completed in the last five years:

Year Completed: \_\_\_\_\_ Contract Price: \_\_\_\_\_ Owner: \_\_\_\_\_ Kind of Work: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### Owner Data/Indemnitors: (Please provide information on all owners – use additional sheets if necessary)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_ Personal Net Worth: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_ Personal Net Worth: \_\_\_\_\_

# Bond Request

(PLEASE PROVIDE US A COPY OF THE CONTRACT ALONG WITH THIS APPLICATION):

Type of Bond:  Bid  Supply  Service  Other (please explain) \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Bond Amount: \_\_\_\_\_

Bid Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ \*Length of Contract \_\_\_\_\_

Bond Type:	Bid %		
	Performance	% / \$	Payment % / \$
	Maintenance	% / \$	Supply % / \$
Bond Forms:	<input type="checkbox"/> Owner/Obligee <input type="checkbox"/> Surety <input type="checkbox"/> AIA <input type="checkbox"/> Other/Federal		
	****Attach Owner/Obligee bond forms for our review****		
	If a Multi-Year Contract does the contract include an annual renewal provision? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Owner/Obligee bond form, does it include annual renewal language? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Obligee: \_\_\_\_\_

Obligee Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job Description: \_\_\_\_\_

\*\*\*This Quick App Program is only for annual or annually renewable bonds

Agency Name/Code: \_\_\_\_\_ Recommendation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Additional Notes/Comments

Completion of this application constitutes permission to obtain consumer information which will be used to determine bonding eligibility. \_\_\_\_\_ - Signature(s)

### Fraud Statement

"Any Person who knowingly and with intent to injure, defraud, or deceive and insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

**All FIRST YEAR PREMIUMS ARE EARNED IN FULL**  
FOR MORE INFORMATION CALL 800-361-1720