



Old Republic Surety Company

(Or any of its Affiliated Companies)
P.O. Box 1635, Milwaukee, WI 53201

Small Contract *Fast-Bond 500* Application (for use with Bonds/Bonded Programs of \$500,000 or less)

www.orsurety.com

- 1) Company Name _____ Corp S Corp LLC
Address _____ Partnership Proprietorship
- 2) Year Started _____ Construction Specialty _____
- 3) List Owners/Officers of the Company
- A. Name _____ Social Security # _____ - _____ - _____
Spouse Name _____ Social Security # _____ - _____ - _____
Home Address _____
Title _____ % Owned _____ Own Your Home? Yes No
- B. Name _____ Social Security # _____ - _____ - _____
Spouse Name _____ Social Security # _____ - _____ - _____
Home Address _____
Title _____ % Owned _____ Own Your Home? Yes No
- 4) Has the Company, any related entity, any predecessor company, or any owner ever:
- A. Failed in business or been in bankruptcy? Yes No
- B. Failed to complete a contract? Yes No
- C. Been in a claim with a surety company? Yes No
- D. Been involved in any litigation or been delinquent with any payroll, state, or federal taxes within the last 3 years? Yes No
- E. Had any liens filed against your projects? Yes No
- F. Any involvement in development work? Yes No
- If "Yes" to any, please attach explanation on separate page.

Job Information

Bid Bond: 5% 10% 20% Other % _____ Bid Date _____

Performance Bond: 100% Other _____ Payment Bond: 100% 50% Other _____

Contract Price/Bid Amount \$ _____ Owner/Obligee _____

(Please provide copy of contract)

Job Description/Location _____

Start Date _____ Completion Date _____ Penalty for Late Completion \$ _____

Maintenance Term 1 YR 2 YR Other _____ Retainage % _____

If performance and/or payment bond, other bids: 1) _____ 2) _____ 3) _____

Bond Forms: Old Republic Forms AIA Other (Please provide copy)

Do you have any other uncompleted bonded projects with ORSC or any other surety? Yes No If yes, describe: _____

What is your total work on hand (cost to complete) not including this job? \$ _____

Agency Information

Agency Name _____ For how long has Agency written Company's commercial insurance? _____

Insurance Premiums always paid on time? Yes No If no, describe: _____

Experience and Agency recommendation: _____

The applicants and indemnitors certify the truth of all statements in this Application and authorize the Company 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.

Supplemental Information (complete for all bonds or aggregate exceeding \$100,000)

1) Bank Information

<u>Bank Name</u>	<u>Contact Person</u>	<u>Phone Number/Email</u>	<u>Line of Credit</u>
_____	_____	_____	\$ _____

2) Job Information (List your two largest jobs)

<u>Project Amount</u>	<u>Year</u>	<u>Type of Work</u>	<u>Owner</u>	<u>Contact Person</u>	<u>Phone Number/ Email</u>
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____

3) Supplier Information (List your main suppliers)

<u>Supplier Name</u>	<u>Contact Name</u>	<u>Phone Number/Email</u>	<u>Amt. Currently Owed</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

For Bonds and/or Programs Exceeding \$250,000 up to \$500,000

Please Provide the following:

1) Company Financial Statements

- Please provide latest fiscal year end financial statement. If more than 6 months old, also include the current interim financial statement.

2) Personal Financial Statements

- Please provide the current personal financial on each owner.

3) Certificate of Insurance

ALABAMA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

ARKANSAS: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

COLORADO: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

DISTRICT OF COLUMBIA: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."

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

HAWAII: "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

KENTUCKY: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."

LOUISIANA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MAINE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

MARYLAND: "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison".

NEW JERSEY: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NEW YORK: "Any person who knowingly and with intent to defraud any insurance company or 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

OHIO: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OKLAHOMA: "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

PENNSYLVANIA: "Any person who knowingly and with intent to defraud any insurance company or 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 subjects such person to criminal and civil penalties."

RHODE ISLAND: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

TENNESSEE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

VIRGINIA: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

WASHINGTON: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

WEST VIRGINIA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."