

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership



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**Contract Surety – Small Contract Bond Application** (Please Print or Type)

**For Single Bonds or Aggregate Bond Programs over \$100,000 and up to \$500,000.** (This application is not intended for: Subdivision or site improvement, environmental or hazardous material, completion, asbestos abatement or multiyear contracts.

**GENERAL INFORMATION:**

Company Name \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Type of work? \_\_\_\_\_ Cell \_\_\_\_\_  
 Date Business Started: \_\_\_/\_\_\_/\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ E: \_\_\_\_\_

**LIST OWNERS AND OFFICERS OF THE COMPANY AND THEIR SPOUSES:**

1. Name \_\_\_\_\_ % Ownership \_\_\_\_\_%, DOB \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SS# \_\_\_\_\_ DL# \_\_\_\_\_ Married  Yes  No; Rent  Own   
 Spouse Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_
2. Name \_\_\_\_\_ % Ownership \_\_\_\_\_%, DOB \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SS# \_\_\_\_\_ DL# \_\_\_\_\_ Married  Yes  No; Rent  Own   
 Spouse Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_
3. Name \_\_\_\_\_ % Ownership \_\_\_\_\_%, DOB \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SS# \_\_\_\_\_ DL# \_\_\_\_\_ Married  Yes  No; Rent  Own   
 Spouse Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_

**BOND REQUEST DATA:** If no bond is needed at this time, but only prequalification for future bonding, check here

Anticipated start date \_\_\_/\_\_\_/\_\_\_\_\_, Time for Completion \_\_\_/\_\_\_/\_\_\_\_\_, Maintenance Period \_\_\_\_\_  
 Oblige name (who is requiring the contractor get a bond) \_\_\_\_\_  
 Oblige Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ph \_\_\_\_\_  
 Job Description \_\_\_\_\_  
 Job Location \_\_\_\_\_  
 What is your total work on hand (cost to complete) not including this job? \$ \_\_\_\_\_ Liquidated Damages: \_\_\_\_\_

**Status of Outstanding Bid or Performance Bonds:**

1. Bond No. \_\_\_\_\_ Bid Awarded:  Yes  No; 2. Bond No. \_\_\_\_\_ Bid Awarded:  Yes  No  
 Total work on hand (cost to complete) not including this job? \$ \_\_\_\_\_ Liquidated Damages: \_\_\_\_\_

**Check and complete:** (Please attach a copy of the contract and any required bond forms) (Check one only)

- Bid Bond Only** (not applicable if requesting a final bond) **OR**  **Final Bond Only:** Contract price \$ \_\_\_\_\_  
 Bid Date \_\_\_\_\_  **Performance & Payment Bond**  **Supply Bond**  
 Contract Date (Date when contract signed) \_\_\_\_\_  **Subcontractor Performance & Payment Bond**  
 Est. total amount of bid: \$ \_\_\_\_\_  **Stand Alone Maintenance Bond** \$ \_\_\_\_\_  
 Bid Bond % or flat amount \_\_\_\_\_ Bid secured by: Check ; Bond ; Negotiated   
 Bid results: 2<sup>nd</sup> \$ \_\_\_\_\_ 3<sup>rd</sup> \$ \_\_\_\_\_ Low \$ \_\_\_\_\_  
 Highest \$ \_\_\_\_\_ Engineering Est. \$ \_\_\_\_\_

Contractor's Company Name \_\_\_\_\_ File Number (s) Reference \_\_\_\_\_  
Contractor's Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

**FINANCIAL DATA:** Please submit the following:

Business Financial Information:

- 1) For (c) Corp, (s) Corp, and LLC's.: Provide the company's latest CPA prepared fiscal year –end financial statement. If a CPA prepared financials is unavailable, provide the company's in –house prepared fiscal year-end financial statements along with the company's most recent tax return.
- 2) For Sole Proprietorships and Partnerships: Provide the company's latest CPA prepared fiscal year –end financial statement. If a CPA prepared financials is unavailable, provide the company's in –house prepared fiscal year-end financial statements and a copy of Schedule C from the owners' most recent personal tax returns.

Personal Financial Statements: Provide a copy of each owner's personal financial statement. Include supporting bank and marketable securities statements for verification purposes.

**WORK HISTORY & EXPERIENCE:** Please list the (3) largest completed contract jobs within the past five years.

	Owner 's name, address & Ph No.	Type of work	Location (City/County, State)	Contract Amount	Date Completed	Contract Price \$	Gross Profit \$
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

**CURRENT WORK IN PROGRESS:** List your active open contracts:

	Owner 's name, address & Ph No.	Type of work	Location (City/County, State)	Contract Amount \$	Date Completed	Contract Price \$	Gross Profit \$
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____

**Bank Information:**

Bank Name \_\_\_\_\_ Formal Line of Credit?  Yes  No; If yes how much \$ \_\_\_\_\_; Date Expires \_\_\_\_\_  
Contact name \_\_\_\_\_ Ph: \_\_\_\_\_; Outstanding? \$ \_\_\_\_\_; How secured \_\_\_\_\_

**GENERAL QUESTIONS:**

- Are there other companies owned by stockholders/owners of applicant?  Yes  No
- Are there any assets held in trust or pledged by company or stockholders?  Yes  No
- Has applicant ever received surety credit?  Yes  No
- Has applicant been denied surety credit or involved in a claims(s) with surety  Yes  No
- Are federal and state taxes currently delinquent?  Yes  No
- Have federal or state taxes been delinquent in the past three years?  Yes  No

If "yes" to any of the above questions please provide details in the space below

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

WE CERTIFY THAT INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. WE HEREBY AUTHORIZE LSJ INSURANCE AGENCY TO SUBMIT THIS APPLICATION ON OUR BEHALF AND AUTHORIZE THE INSURANCE COMPANY IT REPRESENTS TO INVESTIGATE DIRECTLY, THROUGH TRADE CREDIT REPORTING COMPANIES, AND THROUGH CONSUMER CREDIT REPORTING AGENCIES ANY INFORMATION PERTAINING TO THIS COMPANY AND/OR THE INDIVIDUALS INVOLVED IN THIS COMPANY. WE AUTHORIZE OUR BANKS, CREDITORS, AND SUPPLIERS TO RELEASE CREDIT HISTORY TO THE INSURANCE COMPANY. Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Print company name X \_\_\_\_\_ \_\_\_\_\_  
(Contractor authorized representative) (Title)