OLD REPUBLIC SURETY COMPANY

Or any of its Affiliated Companies, hereinafter ("Surety")

FastBond Contract Application

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 _____ Agency code _____ Contact person_____

Is contractor an existing insurance account? YES ☐ NO ☐ Length of relationship _____

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 _____

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 injury, 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."