



# Old Republic Surety Company

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

## Small Contract *Fast-Bond* Application (For Use with Bonds of \$200,000 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 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. Within the past 5 years, been in involved in any lawsuits? Yes  No
- E. Had a tax lien exceeding \$1,000? Yes  No
- Please explain any "Yes" answers \_\_\_\_\_

### Job Information

Bid Bond:  5%  10%  20%  Other % \_\_\_\_\_ Bid Date \_\_\_\_\_  
or  
 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 \_\_\_\_\_

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? 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</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</u>
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____

3) Supplier Information (List your main suppliers)

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

**INDEMNITY AGREEMENT (complete for all 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 pursuant to this Application 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 anytime 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.

**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: \_\_\_\_\_

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."

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."

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: Insurer shall place on the application a warning which indicates the existence of a criminal penalty for failure to disclose a conviction for arson.

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."