



For Single Bonds or Aggregate Programs up to \$350,000, complete page 1.

For Aggregate Programs in excess of \$350,000, up to \$700,000, complete page 1 and page 2.

CONTRACTOR DATA

E-Mail Address _____

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

Company Name _____ Phone _____

Company Address _____ City _____ State _____ Zip _____

Type of Work _____ Date started in Business _____

Has the applicant been in claim, and/or, denied bonding by another surety? [X] No [] Yes Explain (if yes) _____

OWNER DATA / INDEMNITORS

(Provide the information below on all owners; use additional sheet if necessary)

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

SS# _____ DOB _____ SS# _____ DOB _____

% of Business Ownership _____ Married [] Yes [] No % of Business Ownership _____ Married [] Yes [] No

Spouse Name _____ Spouse Name _____

SS# _____ DOB _____ SS# _____ DOB _____

CNA Surety may obtain a credit report about the Applicant including its Owner(s) and Owners' spouses in order to confirm the information provided in this application and obtain information about Applicant's credit history. For new applicants, complete and sign the General Indemnity Agreement.

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 _____

Obligee (Who is requiring the contractor get a bond?) _____

Obligee Address _____ City _____ State _____ Zip _____

Job Legal Description _____

Job Physical Address _____ City _____ State _____ Zip _____

*This application is not intended for use in connection with Design-Build Contracts, Subdivision or Site Improvement over \$100,000, Asbestos Abatement, Completion, Hazardous Materials, or Multi-Year Contracts where term of contract is over 5 years.

Check and Complete: (For private jobs or subcontracts, please enclose a copy of the contract and bond form for projects over \$150,000.)

(check one only)

(For service type contracts, provide a copy of the contract.)

[] Bid Bond:

Bid date _____

Estimated total amount of bid: \$ _____

Engineers Estimate: \$ _____ [] None

Bid Bond %, or flat amount _____

Status of Outstanding Bid or Performance Bonds:

Bond No. _____ Bid Awarded: [] Yes [] No

Bond No. _____ Bid Awarded: [] Yes [] No

OR

Contract Price \$ _____

Contract Date (Date when contract is signed) _____

[] Performance & Payment Bond [] Supply Bond

[] Subcontractor Performance & Payment Bond

[] Stand Alone Maintenance Bond \$ _____

Bid secured by: Check [] Bond [] Negotiated []

Next two lowest bidders

\$ _____ \$ _____

BOND FORM DATA

Name of Agent signing as Power of Attorney

(Name here) _____

[] CNA Form

[] State Form (Send copy)

[] AIA Form

[] Obligee Form (Send copy)

[] Federal Contract # _____

State of Incorporation _____

AGENCY DATA

Agency Name _____ Agency Code _____ - _____

Any person who knowingly and with intent to defraud any insurance company or person files an application 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 under applicable law. The applicants and indemnitors certify the truth of all statements in the application and authorize the Company to verify this information and to obtain additional information from any source including obtaining a credit report.



Complete this page for Aggregate Programs in excess of \$350,000, up to \$700,000.

Contractor's Company Name _____ File Number(s) Reference _____

Contractor's Company Address _____ City _____ State _____ Zip _____

FINANCIAL DATA Please submit the following:

- Company Financial Requirements for (C) Corporations, (S) Corporations, and LLCs: Provide the company's last 2 years fiscal year-end financial statement or tax return.
Business Financial Requirement for Sole Proprietorships and Partnerships: Provide the last 2 years fiscal year-end financial statement on the business.
Personal Financial Statements: Provide a copy of each owner's latest personal financial statement.

Does the contractor have a formal bank line of credit? Yes No
If "Yes" amount of Line of Credit? _____ Amount currently borrowed? _____

EXPERIENCE DATA

List the three largest contracts completed in the last five years:

Table with 6 columns: Owner or General, Kind of Work, Location (City/County, State), Contract Price, Year Completed, Final Gross Profit

List the two largest jobs you presently have underway, giving the following information:

Table with 7 columns: Owner or General, Kind of Work, Location (City/County, State), Contract Price, % of Completion, Estimated Gross Profit, Date to be Completed

OPERATIONS DATA

Liability Insurance Company and Limits _____ Expiration Date ____/____/____

- Type of trades you perform:
Territory in which you perform work (present and planned)
Trades subcontracted:

GENERAL DATA

- Disputes, Financial Difficulties, Problems, Etc.
a. Failed in business or declared bankruptcy?
b. Failed to complete a job or been assessed with delay damages?
c. Been involved in any lawsuits or disputes in the last 5 years?
d. Do you have any corporate or personal assets held in trust or escrow accounts?
e. Are any business or personal assets restricted or pledged for any purpose?
f. Were you bonded in the past - By whom?

Explain all "yes" answers fully below or attach explanation

AGENCY DATA

Agency Name _____ Agency Code _____

Phone: 1-800-331-6053 / Fax 605-335-0357