



Old Republic Surety Company

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

www.orsurety.com

Small Contract ***Fast-Bond 750*** Application (For use with Bonds up to \$500,000/\$750,000 Total Aggregate)

- 1) Company _____ Corp _____ S Corp _____ LLC
Address _____ Partnership _____ Proprietorship _____
- 2) Year Started _____ Construction Specialty _____
- 3) Owners/Officers of the Company
- A. Name _____ % Owned _____ SSN _____ - _____ - _____
Spouse _____ % Owned _____ SSN _____ - _____ - _____
House Address _____ Own Your Home? Yes No
- B. Name _____ % Owned _____ SSN _____ - _____ - _____
Spouse _____ % Owned _____ SSN _____ - _____ - _____
House Address _____ 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 or been in a claim with a surety? Yes No
- C. Been involved in any litigation or been delinquent with any payroll, state, or federal taxes within the last 3 years? Yes No
- D. Had any liens filed against your projects? Yes No

Job Information

Owner/Obligee _____

Job Description/Location _____

Bid Bond Amount or % _____ Performance/Payment Bond Amount or % _____ Bid Date _____

Est. Bid/Contract Price \$ _____ Your Start Date _____ Completion Date _____

If job has already bid - bid results: 1) _____ 2) _____ 3) _____

Maintenance Term _____ Liquidated Penalties \$ _____ Retainage % _____

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

Total cost to complete (w/o this job) \$ _____ Are any of these jobs bonded? Yes No

Complete when Project is over \$100,000	Largest Contract Completed Last 3 Years (Owner/GC)	Contract Amount	Profit
	Type of Work	Contact Person	Phone/Email
	Largest Project Currently Underway (Owner/GC)	Contract Amount	Estimated Profit
	Type of Work	Contact Person	Phone/Email

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.

For Bonds and/or Bonded Programs Exceeding \$250,000 up to \$750,000	Company Financial Statements - Please provide latest fiscal year end financial statement. If more than 6 months old, also include the current interim financial statement.
	Personal Financial Statements - Please provide the current personal financial on each owner.
	Certificate of Insurance
	Bond exceeds \$500,000 or Bonded Program exceeds \$750,000? No Problem. Contact your ORSC Underwriter with details.

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 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 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.

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: _____

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 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."