

CONTRACTOR INFORMATION

Check here if this is for prequalification only

NAME OF COMPANY			FCCI* INSURED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LIST DBA'S, IF ANY		ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP)		PHONE NUMBER
TYPE OF ORGANIZATION <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLP			WEBSITE ADDRESS	
FEDERAL TAX ID NUMBER	DATE BUSINESS STARTED	YEARS UNDER CURRENT MANAGEMENT	CONTRACTORS LICENSE HELD BY NAME OF INDIVIDUAL IN YOUR FIRM	UNION/NON-UNION <input type="checkbox"/> Union <input type="checkbox"/> Non-Union
TYPE OF WORK PERFORMED				
TYPE OF WORK SUBCONTRACTED				
TERRITORY OR STATES OF OPERATION				
% BONDED BACKLOG %	% OF WORK SELF PERFORMED %	DESIRED PROGRAM: SINGLE/AGGREGATE \$	FORMAL BUSINESS CONTINUITY IN PLACE <input type="checkbox"/> Yes <input type="checkbox"/> No	

AFFILIATES-SUBSIDIARIES-OTHER BUSINESS INTERESTS

NAME	ADDRESS	TYPE OF BUSINESS	FEDERAL TAX ID	YEAR STARTED

DISPUTES, LITIGATION, ISSUES, ETC.	COMPANY AND AFFILIATES	ANY OFFICER OR OWNER
Ever defaulted or failed to complete a contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever filed for bankruptcy or receivership or failed in business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever had a claim with a surety, past or present, or caused a surety loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any open liens, suits or judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any liens filed against the company or any related entity projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assets held in trust or pledged to creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any upcoming changes to ownership, structure or operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applied for or obtained bonds in the last 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any accounts receivable in past due, uncollectable or disputed status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any litigation or delinquency in payroll, state or federal taxes within the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any unfinished bonded contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above please attach an explanation to this application.

PERFORMANCE INFORMATION

PLEASE ENTER THE FOLLOWING REGARDING THE LARGEST PROJECTS COMPLETED WITHIN THE LAST FIVE YEARS						
PROJECT NAME AND DESCRIPTION	STATE	YEAR COMPLETED	CONTACT NAME	PHONE NUMBER	CONTRACT AMOUNT	GROSS PROFIT
					\$	\$
					\$	\$
					\$	\$

# OF BONDED JOBS IN PROGRESS	SURETY NAME	ESTIMATED COST TO COMPLETE \$	ANTICIPATED GROSS PROFIT \$
# OF UNBONDED JOBS IN PROGRESS	ESTIMATED COST TO COMPLETE \$	ANTICIPATED GROSS PROFIT \$	

BANK AND FINANCIAL INFORMATION

NAME OF BANK	BORROWING LIMIT OF BLOC \$	AMOUNT IN USE \$	DATE BLOC EXPIRES	CURRENT CASH BALANCE \$	AVERAGE CASH BALANCE \$

Do you produce Internal Financial Statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	FINANCIAL STATEMENTS FORMAT <input type="checkbox"/> Audit <input type="checkbox"/> Review <input type="checkbox"/> Compilation <input type="checkbox"/> Tax Return FYE: <input type="checkbox"/> 12/31 <input type="checkbox"/> 6/30 <input type="checkbox"/> Other: _____
Does a CPA prepare your Financial Statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of CPA firm: _____		

*The FCCI Insurance Group includes the following carriers: Brierfield Insurance Company, FCCI Advantage Insurance Company, FCCI Commercial Insurance Company, FCCI Insurance Company, Monroe Guaranty Insurance Company, and National Trust Insurance Company.

INDEMNITOR INFORMATION

NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH	OWNERSHIP PERCENT	OWNER SINCE (YEAR)	CONST. MGT. EXPERIENCE (YEARS)	ANNUAL INCOME	CASH ON HAND
#1	Owner			%			\$	\$
	Spouse			%			\$	\$
	Address			<input type="checkbox"/> Own <input type="checkbox"/> Rent	Purchase Price: \$			
#2	Owner			%			\$	\$
	Spouse			%			\$	\$
	Address			<input type="checkbox"/> Own <input type="checkbox"/> Rent	Purchase Price: \$			

BOND REQUEST INFORMATION Bid Bond Performance and Payment Bond

NAME OF GENERAL CONTRACTOR						DATE CONTRACT SIGNED	
NAME OF OBLIGEE/PROJECT OWNER				ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP)			
PHONE NUMBER		ESTIMATED CONTRACT PRICE \$			PERCENTAGE OF BOND AMOUNT REQUIRED (IF NOT 100%) %		
PROJECT, JOB OR BID NUMBER		PERCENT OF MATERIALS %	PERCENT PROFIT %		PERCENT SUBCONTRACTED %		
LOCATION OF JOB (STREET ADDRESS, CITY, STATE AND ZIP, IF POSSIBLE)							
DESCRIPTION OF WORK							
Does work include remediation or handling of environmentally hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No							
WORK START DATE		COMPLETION TIME		LIQUIDATED DAMAGES		MAINTENANCE PERIOD	
BID BOND PERCENT %	BID SECURED BY <input type="checkbox"/> Bid Bond <input type="checkbox"/> Other:			BID DATE	BID RESULTS - NEXT TWO BIDDERS \$ \$		
Will the applicant subcontract portions of this project that will be over \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," please give the trade amounts: _____							
Has project been awarded or job started? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you worked with this owner before? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Has this bond request been declined by any other surety or agent? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Please attach bond forms if Obligee is not using AIA, FCCI or USA forms.							

**FOR BONDS EXCEEDING \$250,000, PLEASE ALSO
INCLUDE CURRENT BUSINESS AND PERSONAL FINANCIALS.**

Signature of company officer or owner required for this bonding request.

The applicant certifies that all information provided in this application is true and accurate. As part of our underwriting process, FCCI* retains the right to investigate personal credit history. To the extent required by law, we will, upon request, provide notice whether or not a consumer report has been requested by FCCI, and if so, of the name and address of the consumer reporting agency furnishing the report.

SIGNATURE OF	PRINT OR TYPE NAME	TITLE	DATE SIGNED

FOR USE BY AGENT

NAME OF AGENCY		NAME OF AGENT	HOW LONG HAVE YOU KNOWN THE CONTRACTOR?
IS CONTRACTOR AN FCCI INSURED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IS CONTRACTOR A CURRENT CLIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF "YES," CLIENT SINCE
POLICIES IN PLACE			
EXPERIENCE AND RECOMMENDATION			

*The FCCI Insurance Group includes the following carriers: Brierfield Insurance Company, FCCI Advantage Insurance Company, FCCI Commercial Insurance Company, FCCI Insurance Company, Monroe Guaranty Insurance Company, and National Trust Insurance Company.

Applicable in 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.

Applicable in 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.

Applicable in Florida: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

Applicable in Georgia: Any insurer, agent, or other person licensed under this title, or an employee thereof, having knowledge of or who believes that a fraudulent insurance act is being or has been committed shall send to the Commissioner a report or information pertinent to such knowledge or belief and such additional information relative thereto as the Commissioner or his employees or agents may require.

Applicable in Illinois: A person commits the offense of insurance fraud when he or she knowingly obtains, attempts to obtain, or causes to be obtained, by deception, control over the property of an insurance company or self-insured entity by the making of a false claim or by causing a false claim to be made on any policy of insurance issued by an insurance company or by the making of a false claim to a self-insured entity, intending to deprive an insurance company or self-insured entity permanently of the use and benefit of that property.

Applicable in Indiana: A person who knowingly and with intent to defraud an insurer, files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Applicable in 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.

Applicable in 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.

Applicable in Missouri: A person commits a fraudulent insurance act if such person knowingly presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker, or any agent thereof, any oral or written statement including computer generated documents as part of, or in support of, an application for the issuance of, or the rating of, an insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance, which such person knows to contain materially false information concerning any fact material thereto or if such person conceals, for the purpose of misleading another, information concerning any fact material thereto.

Applicable in North Carolina: Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant:

- (1) Presents or causes to be presented a written or oral statement, including computer-generated documents as part of, in support of, or in opposition to, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information concerning any fact or matter material to the claim, or
- (2) Assists, abets, solicits, or conspires with another person to prepare or make any written or oral statement that is intended to be presented to an insurer or insurance claimant in connection with, in support of, or in opposition to, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information concerning a fact or matter material to the claim is guilty of a Class H felony.

Applicable in 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 false or deceptive statements, is guilty of insurance fraud.

Applicable in South Carolina: A person who knowingly makes a false statement or misrepresentation, and any other person knowingly, with an intent to injure, defraud, or deceive, or who assists, abets, solicits, or conspires with a person to make a false statement or misrepresentation, is guilty of a misdemeanor or felony, depending upon the circumstances.

Applicable in 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.

Applicable in Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in 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.

Applicable in Other States: Please Note: Some state laws require that we advise all claimants of the following: Under most state laws, a person who knowingly and with the intent to defraud an insurance company submits a claim or documentation in support of a claim containing materially false, incomplete or misleading information, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and/or civil penalties.

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