

CONTRACTOR INFORMATION

Type of Business Partnership (S) Corp (C) Corp Sole Proprietorship LLC LLP
 Company Legal Name _____ FEIN EA _____
 Company Full Address **(No PO Boxes)** _____
 Type of Work _____ Date Started in Business _____ State of Incorporation _____
 Dollar value of largest completed project? \$ _____ Year completed? _____ Gross revenue for the past fiscal year? \$ _____
 Is this your first request for a bond under this program Yes No *(If Yes, execute the General Agreement of Indemnity on page 5)*

OWNER / INDEMNITOR INFORMATION *(Provide information below for all owners. Use the form Additional Owner-Indemnitor Information sheet if necessary)*

Name _____ Name _____
 Residence Address _____ Residence Address _____
 City/State/Zip _____ City/State/Zip _____
 SS# _____ DOB _____ SS# _____ DOB _____
 Rent or Own % of Business Ownership _____% Rent or Own % of Business Ownership _____%
 Married Yes No Spouse Name _____ Married Yes No Spouse Name _____
 Spouse SS# _____ DOB _____ Spouse SS# _____ DOB _____
 Has applicant, business owner or indemnitor ever filed personal bankruptcy, owned a business that has filed bankruptcy, or had a bond claim?
 Yes No *(If Yes, attach explanation)*

General Information

Type of construction performed: _____
 Percentage of work subcontracted: _____% Which trades: _____
 What trades do you self-perform: _____
 Do you have a line of credit? Yes No Borrowing limit of line of credit \$ _____ Amount in use \$ _____
 Name of bank? _____ How secured? _____ Expiration date _____
 Has your company ever failed to complete a contract? Yes No
 Are there any disputes on your current work? Yes No
 Is your company or any of its owners or officers currently:
 Involved in any litigation? Yes No
 Acting as surety or indemnitor for others? Yes No
 Acting as an endorser for others on their notes or loan accounts? Yes No
(If the answer is YES to any of these questions, please attach a full explanation)

Experience Information

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

Project Owner or GC	Project Title/Description	Location <i>(City, State)</i>	Final Contract Value	Year Completed	Final Gross Profit

List the two largest jobs you presently have underway:

Project Owner or GC	Project Title/Description	Location <i>(City, State)</i>	Contract Value	Percent Complete	Estimated Gross Profit	Estimated Completion <i>(MM/YY)</i>

Tier 1: Single & Aggregate up to \$350,000	Fully completed application + personal and company credit checks
Tier 2: Single & Aggregate up to \$750,000	Tier 1 items plus best-quality available FYE company financials (plus interim if more than 6 months past FYE) and current personal financial statements for all owners
Tier 3: Single Bonds up to \$1,250,000, Aggregate Program up to \$2,000,000	Tier 1 & 2 items plus the following supporting documentation: <ul style="list-style-type: none"> • AR & AP Aging Schedules (concurrent with FYE financial statement) • Current WIP Report • Working Capital LOC documentation (limit, maturity, usage) • Cash Verifications (personal and company) • Completed Job References & Resumes for key personnel

BOND REQUEST INFORMATION – Check Only One:

Pre-qualification only (no bond need at this time)

Bid Bond Estimated Amount of Bid \$ _____ Bid date _____ (Include all bid documents)
Bid Bond % or Flat Amount _____ Uncompleted Work On Hand (Estimated Cost to Complete) \$ _____

Final Bond Provide contract, award letter and bid results. For Maintenance Bond provide job completion/acceptance letter.

Contract Date _____ Contract Price \$ _____ Uncompleted Work On Hand (Estimated Cost to Complete) \$ _____
Performance & Payment Supply Subcontractor Performance & Payment Bond Maintenance Bond \$ _____
How was your bid secured? Bid Bond Cashier's Check Negotiated No Bid Security Required

For Bid and Final Bonds:

Anticipated Start Date (MM/YY): _____ Anticipated Completion Date (MM/YY): _____ Contract Days Allowed: _____

Maintenance/Warranty Years: _____ Liquidated Damages \$ _____ / Day Federal Contract # _____

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

Obligee Full Address _____

Exact Job Title _____

Scope of Work (job description) _____

Projected Project Costs: Materials \$ _____ Direct Labor \$ _____ Overhead \$ _____ Profit \$ _____ Total Subs: \$ _____

Subcontractors Breakdown:	Name	Trade	Amount	Bonded	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

For All Requests:

Have you ever obtained bid and performance bonds from another surety? Yes No If yes, on what date was the last bond issued? (MM/YY) _____ Are there any open bid or performance bonds now? Yes No If yes, complete the information below. Attach additional sheet if necessary.

Type of Bond _____ Surety Co. _____ Date Issued (MM/YY) _____ Contract Amount \$ _____

Type of Bond _____ Surety Co. _____ Date Issued (MM/YY) _____ Contract Amount \$ _____

BOND FORM INFORMATION

Skyward Form Obligee Form AIA Form Statutory Form
(Send copy for review)

CREDIT AUTHORIZATION:

Each Indemnitor (i) authorizes Surety to obtain information from third parties, including personal credit reports, in connection with Surety's initial and on-going underwriting of any Bonds that Surety considers issuing for any Principal; and (ii) releases Surety from any and all liability relating to same.

NON-BINDING:

The signing of this Application does not bind the Surety to issue, or the Applicants/Indemnitors to purchase, any surety Bonds.

FRAUD NOTICES:

(Not State Specific; see Fraud Notices Applicable in Certain Specific States below): 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 and subjects that person to criminal and civil penalties.

APPLICABLE IN ALABAMA, ARKANSAS, ARIZONA, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, & WEST VIRGINIA: Any person who knowingly *(or willfully in MD)* presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *(or willfully in MD)* presents false information in an application for insurance is guilty of a crime and may be subject to restitution, or fines, or confinement in prison, or any combination thereof.

APPLICABLE IN 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.

APPLICABLE IN THE 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 *(in Florida, a felony of the third degree)*.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, 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 written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial 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 conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY & 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.

APPLICABLE IN OREGON: 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, may commit a fraudulent insurance act, which may be a crime, and which may subject such person to penalties.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, & 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 may include imprisonment, fines, or a denial of insurance benefits.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN 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 be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

This General Agreement of Indemnity (“Agreement”) is executed by the undersigned indemnitors (“Indemnitors”), in favor of Great Midwest Insurance Company, Boston Indemnity Company, Inc. and any other company that is part of or added to the Skyward Specialty Insurance for which surety business is underwritten by Skyward Specialty Surety (“Surety”) with respect to any surety bond, or other express or implied obligation of suretyship (“Bonds”) requested from and/or issued by Surety before, on, or after the date of this Agreement, for: (i) any of the Indemnitors; (ii) any of the Indemnitors’ present or future subsidiaries or affiliates, and/or (iii) any other entity or person in response to a request from any party described in items (i) or (ii) (including requests from their agents, brokers or producers); and as to all of the foregoing, whether they act alone or in joint venture with others (“Principals”). **Indemnitors understand that Surety requires this Agreement as part of the consideration for Surety’s execution of the Bonds or Surety’s refraining from canceling the Bonds. By signing this Agreement, Indemnitors affirm that all information provided in this application is true and correct, and Indemnitors agree, jointly and severally, for themselves, their successors and assigns, as follows:**

1. **PREMIUMS AND BONDS:** To pay Surety the premium for Bonds and for all subsequent renewals, extensions, or modifications thereof. Each Indemnitor affirms that it is materially and beneficially interested in the issuance of each of the Bonds for each of the Principals. Surety may decline to issue any Bonds and cancel, withdraw, or procure its release from the Bonds at any time. Surety may consent to changes in any Bonds and/or in the contracts covered by any Bonds, or refuse so to assent, without notice to any of the undersigned, which shall not discharge or in any way affect the liability of the undersigned.

2. **CLAIMS AND SETTLEMENTS:** Indemnitors waive notice of any claim or demand against the Bonds. Surety has the right, at its option and sole discretion, to deny, adjust, settle or compromise any claim, demand, suit or judgment upon any Bonds.

3. **INDEMNITY:** Indemnitors shall exonerate and indemnify Surety from and against any and all losses, costs, and damages of whatsoever kind or nature (“Loss”), including legal and consultant fees and expenses, court costs, and interest, which Surety may at any time sustain or incur by reason of: the request to execute, procure, or deliver any Bonds; or the executing, procuring or delivering of any Bonds; or the renewal or continuation thereof; or from making any investigation on account thereof; or any payment thereunder; or as a result of prosecuting or defending any action brought in connection therewith, obtaining a release therefrom, or recovering or attempting to recover any salvage in connection therewith; or by reason of the failure of the Principals and/or Indemnitors to perform or comply with the terms of this Agreement or any other agreement with or in favor of the Surety by any Indemnitors and/or Principals (“Other Agreements”); or in the enforcement of the terms of this Agreement or any Other Agreements. The Surety, at its sole election and discretion, is authorized, but not obligated, to advance or loan money to a Principal, and all money so loaned or advanced (including all expenses and costs incurred therewith), unless repaid by Principal, shall be a loss for which Indemnitors shall be responsible. The Principals and Indemnitors agree that in any accounting between any of them and the Surety, vouchers or other evidence of payment(s) incurred by the Surety shall constitute *prima facie* evidence of the fact and extent of the liability of the Principals and Indemnitors to the Surety.

4. **COLLATERAL:** Upon demand, Indemnitors will provide Surety with acceptable collateral in an amount the Surety shall reasonably determine is necessary to protect it from Loss whether or not Surety has established a reserve, made any payment, or received any notice of claims under the Bonds. Surety may retain the collateral until all actual and potential claims against the Bonds are exonerated and all Loss is fully reimbursed, and may apply the collateral to the payment of any premium due the Surety.

5. **BOOKS AND RECORDS:** Upon submission of this application and until full performance of the contracts covered by the Bonds and exoneration of the Bonds, Surety may freely access, examine, and copy Principals’ and Indemnitors’ books, records, credit reports and accounts (“Records”). Indemnitors authorize third parties in possession of these Records to furnish to Surety any information requested in connection with any transaction.

6. **ASSIGNMENT AND SECURITY:** Principals and Indemnitors assign and pledge to Surety, as security for full performance of their obligations under this Agreement and for the payment of any other indebtedness or liability to the Surety, a lien on and security interest in: (a) any bonded contract, any agreement related to a bonded contract including any subcontract and any bond in support thereof, and any action, claim or demand against any party to these contracts or otherwise related to a bonded contract; (b) all machinery, supplies, equipment, tools and materials which are or may be on the site of the bonded contract, including materials purchased, being constructed, in storage, or in transit; (c) to the extent Surety determines necessary to fulfill or complete bonded obligations: licenses, patents, copyrights, trade secrets, (d) any funds that are due or may become due on a bonded contract or other contract; and (e) vehicles, personal property and real property. This Agreement shall constitute a Security Agreement to the Surety and also a Financing Statement, both in accordance with the provisions of the Uniform Commercial Code of every jurisdiction wherein such Code is in effect, and Surety is authorized to file such financing statements as Surety deems necessary or appropriate to perfect the liens and security interests granted herein.

7. **POWER OF ATTORNEY:** Principals and Indemnitors hereby irrevocably appoint the Surety as their attorney-in-fact with the full right and authority, but not the obligation, to exercise all rights of Principals and Indemnitors assigned to the Surety in this Agreement, including the authority to execute, endorse, and deliver on behalf of Principals and Indemnitors any documents or agreements deemed necessary and proper by the Surety in order to give full effect to the terms of this Agreement. The Principals and Indemnitors acknowledge that this power is coupled with the interest of Surety in receiving indemnification for Loss, and hereby ratify all actions taken and done by the Surety as attorney-in-fact.

8. **TRUST FUNDS:** All money and proceeds received or to be received by Principals and Indemnitors in connection with any contracts covered by any Bonds, whether already in Principals’ and Indemnitors’ possession or otherwise, are trust funds for the benefit of Surety, for Loss it may sustain under the Bonds, and this Agreement constitutes notice of the existence of such trust.

9. **FUTURE INDEMNITORS AND VALIDITY:** The addition to this Agreement of any Indemnitor may be effected by written amendment executed by such Indemnitor only. The liability of Indemnitors under this Agreement shall not be affected by: (a) the failure of a Principal to sign a Bond; (b) any claim that other indemnity, security, or collateral was to have been obtained; (c) the release, return or exchange by Surety with or without notice and consent of any Indemnitor of any security or collateral that may have been obtained; and/or (d) the fact that any party identified as signing this Agreement failed to do so or is not bound by the Agreement for any reason.

10. **ENFORCEMENT:** The obligations of the Principals and Indemnitors hereunder shall be in addition to, and not in lieu of, their obligations to the Surety under any Other Agreements, and in the event of any conflict or inconsistency, the term or interpretation most favorable to the Surety, as determined by the Surety, shall control. Separate suits may be brought under this Agreement and any Other Agreements, and shall not prejudice or bar the bringing of other suits. A facsimile, photocopy, electronic or optical reproduction of this Agreement shall be admissible in a court with the same force and effect of the original. As used in this Agreement, the plural and singular shall include each other as circumstances require. If any term of this Agreement is found unenforceable, that term shall be deemed deleted and the remainder of the Agreement will be in full force and effect.

11. TERMINATION OF INDEMNITY: This Agreement is a continuing obligation and may not be terminated for past or present Bonds, nor for any final Bonds issued pursuant to a bid Bond that has been provided prior to the effective date of termination (even if the final Bonds are issued after said date). Indemnitors may terminate obligations as to future bonds only by providing the Surety with a minimum of 30 days written notice, sent via receipted courier service (such as Federal Express or UPS), to Skyward Specialty Surety Bond Dept., 800 Gessner Road, Suite 600, Houston, TX 77024.

This Agreement may be referred to as the Application and General Agreement of Indemnity dated: _____.

Business Entity Indemnitors

Company Legal Name _____ (exactly as filed with the Secretary of State)	(Seal)
Full Street Address _____	Federal Tax ID Number _____
By _____	Name and Title of signer _____

Company Legal Name _____ (exactly as filed with the Secretary of State)	(Seal)
Full Street Address _____	Federal Tax ID Number _____
By _____	Name and Title of signer _____

Individual Indemnitors

Name _____	Signature _____
Full Street Address _____	Social Security Number _____

Name _____	Signature _____
Full Street Address _____	Social Security Number _____

Name _____	Signature _____
Full Street Address _____	Social Security Number _____

Name _____	Signature _____
Full Street Address _____	Social Security Number _____

Name _____	Signature _____
Full Street Address _____	Social Security Number _____

Name _____	Signature _____
Full Street Address _____	Social Security Number _____

Name _____	Signature _____
Full Street Address _____	Social Security Number _____

Name _____	Signature _____
Full Street Address _____	Social Security Number _____