



Contract Bond Application

Agency Name \_\_\_\_\_ E-mail: \_\_\_\_\_ Date \_\_\_\_\_

Agency Phone (\_\_\_\_\_) \_\_\_\_\_ Agency Fax (\_\_\_\_\_) \_\_\_\_\_

Company Information

Type of Business:  Sole Proprietorship  Partnership  Corporation  LLC

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Type of Work \_\_\_\_\_ Normal Geographic Area of Operation \_\_\_\_\_

Business Net Worth \$ \_\_\_\_\_ Year Started \_\_\_\_\_

Indemnitor Information (Provide the information below on all owners)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_

Personal Net Worth \$ \_\_\_\_\_ Personal Net Worth \$ \_\_\_\_\_

% of Ownership \_\_\_\_\_ % of Ownership \_\_\_\_\_

Bond Information

Bid  Final

Bid Date \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Maintenance Period \_\_\_\_\_ Liquidated Damages \$ \_\_\_\_\_ Time Allowed for Completion \_\_\_\_\_

Bid Amount/Contract Price \$ \_\_\_\_\_ Bid Bond % \_\_\_\_\_

Performance Bond Amount \$ \_\_\_\_\_ Payment Bond Amount \$ \_\_\_\_\_

Obligee/Owner \_\_\_\_\_

If Private Owner, Financing by \_\_\_\_\_

Obligee Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Description \_\_\_\_\_

If this is a final bond request, please list the top three bidders and their amounts

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_

Please forward a copy of the bond(s) required if not an AIA, Federal, Public Works or CBIC form. Also, please provide a copy of the contract if this is a Subcontract or Private Works contract.

STATE	PLEASE REFER TO THE FRAUD WARNING BELOW APPLICABLE TO YOUR STATE
<b>FLORIDA</b>	Any person who knowingly and with intent to injure, defraud, or deceive insurer files a statement or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree
<b>KENTUCKY</b>	Any person who knowing and with intent any insurance company or other person files an application for insurance containing any materially false information or conceals for purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
<b>NEW JERSEY</b>	Any person who includes any false or misleading information on an application policy is subject to criminal and civil penalties.
<b>NEW YORK</b>	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 civil penalty not to exceed five thousand dollars and stated value of the claim for each such violation.
<b>OHIO</b>	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.
<b>PENNSYLVANIA</b>	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.