

**SuretyBridge™ Application**

AgencyName & Code:  
Zach Bradley 913-385-7760  
AgentName & Contact Information:

CIC Insured: Yes No Policy #: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Type of Business:	Proprietorship	Partnership	"C" Corporation	"S" Corporation	LLC	LLP
Contractor Name:					Phone#:	
Street Address:					Union	Nonunion
City:				State:	ZIP:	
Type of Work Performed:				Bonded %	Non-Bonded %	
Type of Work Subcontracted:				Percent of Work Self-Performed:	%	
State(s) or Territory of Operation:						
Any Suits, Liens, or Judgments?	Yes	No	Desired Work Program: Single:		Aggregate:	
Continuity Plan in Place?	Yes	No	Describe:			

Do you have any affiliated companies, subsidiaries, or other business interests? If so, please enter the following:

Name	Principal % Interest	Name of Stockholders	Type of Business	Year Established

**PERFORMANCE INFORMATION** Please enter the following regarding largest projects completed within last 5 years:

Project Name	Work Type	Completed	Contract (\$)	Profit (\$)	Contact Name and # of Obligee

**BANK & FINANCIAL INFORMATION** Do you have a Bank Line of Credit in Place? If yes, please complete the following:

Name of Bank	Amount of BLOC	Amount of BLOC in Use	Date BLOC Expires

Do you produce Internal Financial Statements? Yes No Frequency? \_\_\_\_\_  
 Do you produce Internal Work-In-Progress (WIP) Schedules? Yes No Frequency? \_\_\_\_\_  
 Do you produce Internal Completed Contract (CC) Schedules? Yes No Frequency? \_\_\_\_\_  
 Does a CPA prepare your Financial Statements? Yes No Name of CPA: \_\_\_\_\_  
 Format of Financial Statements: Tax Return Compilation Review Audit  
 Does the CPA presentation include Work in Process and/or Completed Contract Schedules? Yes No

**INDEMNITOR INFORMATION** (provide for all owners with 10% interest or greater, use additional sheets if necessary)

Owner 1 Name:	Owner 2 Name:
Street Address:	Street Address:
City, State, ZIP Code:	City, State, ZIP Code:
Social Security #:	Social Security #:
Date of Birth:	Date of Birth:
Title: Ownership %	Title: Ownership %
Spouse Name:	Spouse Name:
Social Security #:	Social Security #:
Date of Birth:	Date of Birth:
Ownership % and Title:	Ownership % and Title:
Any owners, partners, officer, or members failed in business or declared bankruptcy? Yes No	

**FAIR CREDIT REPORTING ACT PRE-NOTIFICATION:** Principal and Indemnitor(s) expressly authorize the Surety to Access their credit reports and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (A) to verify information supplied to the Surety, (B) for underwriting purposes, and (C) upon receipt of a Notice of Claim or potential claim under any bond, for debt collection.

Refer to the following page for the current version of ACORD 63 FRAUD STATEMENTS.

**FRAUD STATEMENTS**

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO**

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 FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

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 KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)