

# **XPEDITE BOND APPLICATION**

(For contract bonds up to \$2.5 million; Bonds below \$750,000 may be credit-only based)

Any person who knowingly makes a false representation in this application is subject to criminal and civil penalties as well as the rejection of support for any bond requests made.

#### Applicant Info

Principal's Name (In whose name as it will appear on the bond)	Tax ID No. / SS#				
Principal's Name (Extra information if needed)	Phone #				
Principal's Business Address	Fax #				
Principal's Residence Address Own Rent Relate					
Prior Address (If Less Than 3 Years)					

## **Basic Underwriting Information**

Account Clas	ssificatio	on						
Individual(	(s)	Proprietorship	Partnership	Corporation	S Corporation	LLC or LLF	Other (Specify)	
Occupation of	or Natur	e of Business				How Lor	ng in Business?	
Please mark	Please mark "Yes" or "No" to the following questions:							
1.	Yes	No - Do you hav	ve other bonds wi	ith any AmTrust s	surety company?		Note:	
2.	Yes	No - Have you c	or any business y	ou have been inv	volved with filed for b	ankruptcy?	Please explain all "yes"	
3.	Yes	No - Have you e	ever failed in busi	ness?			responses on a separate sheet and advise the	
4.	Yes	No - Do you, or	your company ha	ave unpaid tax ob	oligations?		current status (if applicable)	
5.	Yes	No - Have you e	ever had a claim a	against a bond?				
6. W	ithin th/	e last 5 years,	have you or an	<u>y company you</u>	<u>u owned:</u>			
a.	Yes	No - Had a	lien filed against	you or a compar	ny you had ownershi	p in > \$1000?		
b.	Yes			• •	a company you had	•		
c. d.	Yes	110 1100 01			ollection agency (oth	her than medic	al) > \$1000?	
e.	Yes Yes		ny bills over 90 a n business undei		ner than medical)?			
-								
Name and Br	anch of	Bank (Business)	)	Name	and Branch of Bank	(Personal)		
Address				Addres	S			
Line of Credit	t Amour	t		Line of	Credit Amount			
Bank Contact	t Name	& Phone	,	Bank C	Contact Name & Pho	one		
						/		

The Applicant(s) and the Indemnitor(s), if any, hereby authorize the Surety to obtain credit reports and histories and to confirm the bank balances as asserted, all other items on any balance sheet or income statement furnished until all liability of Surety for any obligations expire. The assigned underwriter may request additional information after review.

## **Ownership Information**

Name of Owner No. 1	% Owned	Residence Address		Social Security No.
	%			
Name of Spouse of Owner No. 1			Spouse No. 1 Social Security No.	Owner e-mail:
				Spouse e-mail:
Name of Owner No. 2	% Owned	Residence Address		Social Security No.
	%			
Name of Spouse of Owner No. 2			Spouse No. 2 Social Security No.	Owner e-mail:
				Spouse e-mail:

## **PROJECT INFORMATION**

Obligee (Bond Payable To)	):					
Address:						
Legal Project Name (inclue	ding any identifying numl	bers):				
Job Location:						
Scope of Work:						
Estimated Start Date:			Work On Hand As Of: Date	\$		
Est. Completion Date:			Penalties/Damages: \$			
Specific Bond Forms?	Yes (attach form)	No	Retainage: %			
Warranty Period:			Covered By Manufacturer?	Yes No		
Job Breakdown:	Labor:	% or \$	Materials:	% or \$		
Sub	ocontracts:	% or \$	Profit:	% or \$		
List Major Subcontrac	tors		Amount	Sub Bon	ded?	
			\$	Yes	No	
			\$	Yes	No	
			\$	Yes	No	
Architect/Engineer:			Phone:			
	BID	BOND INFO	DRMATION			
Bid Date and Time:	/	BOND IN C	Estimated Bid: \$			
Bid Bond Amount: Bid Bond Details:	% or \$		Bid Opening Location:			
	PERFORMANCE	& PAYMEN	T BOND INFORMATION			
Contract Date:			Contract Amount: \$			
Performance Bond Amt: Notes:	% Paymer	nt Bond Am	t: <u>%</u>			
		BID RESL	ILTS			
Low Bidder:			Bid Amount: \$			
2nd Bidder:			Bid Amount: \$			
3rd Bidder:			Bid Amount: \$			
Do you expect to be awar Comments:	ded the contract? Y	res No				

NOTE: Please attach a copy of the bid specs or contract. Failure may result in the delay of delivery of the bond.

#### Largest Job References

Owner/Obligee:	Date Completed:	Contract Price:\$	
Description:		Gross Profit %:	%
Owner/Obligee Contact:		Phone:	
Owner/Obligee:	Date Completed:	Contract Price:\$	
Description:		Gross Profit %:	%
Owner/Obligee Contact:		Phone:	
Owner/Obligee:	Date Completed:	Contract Price:\$	
Description:		Gross Profit %:	%
Owner/Obligee Contact:		Phone:	

WORK IN PROGRESS							
Start Date	Contract Amount	Estimated Costs	Total Billed to Date	Total Cost to Date	Total Revised Est. Cost to Complete	Estimated Completion Date	
	Start Date	Start Date Contract Amount	Start Data Contract Estimated	Start Data Contract Estimated Total Billed	Contract Estimated Total Billed Total Cost	Contract Estimated Tatal Billed Tatal Cost Total Revised	

Totals: Are any of the above projects bonded?

If YES, please specify which and who the surety was:

#### IMPORTANT – READ INDEMNITY AGREEMENT AND SIGN ON FOLLOWING PAGE Indemnity Agreement

No

Yes

The undersigned hereby declares the truth of the representations herein, and that they are made to induce Developers Surety and Indemnity Company, (hereinafter called Surety) to issue the Bond(s) applied for. The Undersigned hereby further agrees that the Surety may decline the Bond(s) applied for or may cancel or terminate same without incurring any liability whatsoever to the Undersigned. In consideration of the issuance of the Bond(s) herein applied for, or any Bond(s) in substitution for or in succession of the said Bond(s), or any increase or extension of time of the said Bond(s), the Undersigned hereby agrees:

- (1) To hereby authorize the Surety to make any pertinent inquiries as may be necessary from financial institutions, persons, credit vendors, firms and corporations in order to confirm and verify information referred to or listed herein;
- (2) To pay to the Surety the agreed premium upon execution of the Bond(s) and annually in advance thereafter;
- (3) To furnish the Surety with satisfactory and conclusive termination evidence that there is no further liability on the Bond(s);
- (4) To perform all the conditions of said Bond(s) and will indemnify and save the Surety harmless from all demands, losses, costs, damages and expenses, including attorney's and counsel fees deemed necessary by the Surety, which Surety may sustain or incur by reason of the issuance of such Bond(s), or obtaining a release of or evidence of termination under such Bond(s);
- (5) That the Surety shall have the exclusive right to adjust, settle or compromise any claim under such Bond(s) unless the Undersigned shall in writing request the Surety to litigate such claim and shall deposit immediately with the Surety collateral satisfactory to the Surety in kind and amount;
- (6) That the voucher or other evidence showing payment made by the Surety in good faith by reason of such Bond(s) or any renewal, extension or substitution thereof shall be conclusive and in any event prima facie evidence of such payment and the propriety thereof and of the liability of the Undersigned therefore to the Surety;
- (7) The Undersigned further agrees to reimburse the Surety for all expenses, counsel and attorney fees incurred by the Surety; in enforcing any provision of this agreement; and to deposit money as requested by surety to cover any claim or expense;
- (8) That 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 may be so used by the Surety without in any way abrogating, restricting or limiting the rights of the Surety under this Agreement or under law, or in equity.
- (9) To waive notice from Surety of any claim or demand made against Surety or the principal under the Bond(s), or of any information Surety may receive concerning the principal or Bond(s).

Regardless of the date this Indemnity Agreement is signed, it is effective as of the date of execution of the above mentioned Bond(s) pursuant to certain promises, and agreements made by the Undersigned.

Dated the

day of

## Signatures

Note: Owners must sign individually and in their company capacity. For the purposes of this application, a facsimile signature is the same as an original. A notary acknowledgement for each individual signature is <u>not required</u> when DocuSign is used.

If Applicant(s) is (are	) an INDIVIDUAL(S), sign here:			
DV:		BY:		
	Witness		Print Name:	
BY:		BY:		
	Witness		Print Name:	
BY:	Witness	BY:		
	Witness		Print Name:	
BY:	Witness	BY:	Print Name:	
If Applicant is a <b>PRO</b>	PRIETORSHIP, sign here:			
			Name of Proprietorship	
BY:		BY:		
DT	Witness	D1.	Print Name:	
If Applicant is a <b>PAR</b>	TNERSHIP , sign here:			
			Name of Partnership	
BY:		BY:		
Print Name:			Print Name:	
BY:		BY:		
Print Name:			Print Name:	
If Applicant is a COR	PORATION, sign here:			
			Name of Corporation	
Attest:		BY:		
	Secretary		Print Name:	
If Applicant is a LIMI	TED LIABILITY COMPANY, sign her	e:		
er	,		Name of Limited Liability Company	
Attest:		BY:	DistNess	
			Print Name:	

ACKNOWL	EDGMENT
A notary public or other officer completing this certificate verifies only the identity of the individ who signed the document to which this certifica attached, and not the truthfulness, accuracy, or validity of that document.	ate is
State of California	
County of	
On before me, _	(insert name and title of the officer)
subscribed to the within instrument and acknowl his/her/their authorized capacity(ies), and that b person(s), or the entity upon behalf of which the	
paragraph is true and correct.	le laws of the State of California that the foregoing
WITNESS my hand and official seal.	
Signature	(Seal)