United Casualty and Surety Insurance Company Fast Track Rate Advantage Surety Bond Application

CONTRACTOR DATA

| Type of Business: Partnershi | | orporation | p 🗆 LLC 🗆 LLP |
|-------------------------------------|----------------------------------|-------------------------|--|
| Contractor Name | | Phone | |
| Company Address | | CityS | State Zip |
| Type of Work | | Date Business Started | |
| Email Address | | Fax | |
| | Union Non Union | Disadvantaged Busine | ess Enterprise (DBE) Certified |
| If Applicant is a Corporation Pleas | _ | | |
| President | | Secretary | |
| | DYTO D C | | |
| OWNER DATA / INDEM | INITORS | | |
| Name | | Name | |
| Home Address | | Home Address | |
| City/State/Zip | | City /State/Zip | |
| SS# | DOB | SS# | DOB |
| % of Business Ownership | Married \[\text{Yes} \text{No} | % of Business Ownership | Married \(\Boxed{IYes} \) \(\Boxed{INo} \) |
| Spouse Name | | Spouse Name | |
| SS# | DOB | SS# | DOB |
| Name | | Name | |
| Address | | Address | |
| City/State/Zip | | City /State/Zip | |
| SS# | DOB | SS# | DOB |
| % of Business Ownership | Married | % of Business Ownership | Married \(\Boxed{\text{Yes}} \) No |
| Spouse Name | | Spouse Name | |
| | DOB | SS# | |
| | | | |
| CONTACT INFORMAT | ION FOR THIS APPLICATION |] | |
| | | 4 | |
| Name | I | E-Mail Address: | |
| Company Name | | | |
| Mailing Address | | | |
| Contact: | Tel: | Fa | x: |

Fast Track Rate Advantage Application-Page 2 Contractor Name BOND REQUEST DATA Obligee (Who is requiring the contractor to get a bond?) City State Zip Job Description Time for Completion Maintenance Period Anticipated Start Date Check One Only. For Performance & Payment Bond Requests Please Provide A Copy Of The Contract And Bond Forms ☐ Bid Bond: OR ☐ Performance & Payment Bond Other ☐ Subcontractor Performance & Payment Bond Bid date Estimated total amount of bid: \$ _____ Contract Date (Date when contract is signed) Bid Bond % or flat amount Contract Price \$ EXPERIENCE DATA List the three largest contracts completed in the last five years: Final Contract Year Owner or General Kind of Work Location, State Price Completed Gross Profit List the two largest jobs you presently have underway, giving the following information: Contract % of Estimated Date to be Owner or General Kind of Work Location, State Price Completion Gross Profit Completed OPERATIONS DATA Type of trades you perform: Territory in which you perform work (present and planned) Trades subcontracted: PROFESIONAL LICENSES, DESIGNATIONS Please provide information relating to Professional Licenses and Designations held by any Officer, Owner or Partner. _____ License/Designation___ License/Designation Please provide information relating to Professional Licenses and Designations held by Key Employee(s) Name License/Designation _____License/Designation___

| Fast Track Rate Advantage Application-Page 3 Contractor Name | | | | |
|---|--------------|---------------------------------------|---------------------------------|------------------------|
| Contractor Name | | | | |
| GENERAL DATA | | | | |
| Disputes, Financial Difficulties, Problems, Etc. | | npany | - | officer, or partner |
| a. Failed in business or declared bankruptcy? | | No 🗆 | Yes 🗆 | |
| b. Failed to complete a job or been assessed with delay damages? | | No 🗆 | Yes 🗆 | |
| c. Been in claim with a Surety or denied bonding? | | No 🗆 | Yes 🗆 | |
| d. Been involved in any lawsuits or disputes in the last five years ?* | Yes 🗌 | No 🗆 | Yes 🗆 | No □ |
| e. Been delinquent in the payment of any taxes ?** | Yes 🗆 | No 🗆 | Yes 🗆 | No □ |
| f. Had any tax liens? | Yes 🗌 | No 🗆 | Yes 🗆 | No 🗆 |
| g. Been audited by the IRS ? | Yes 🗌 | No 🗆 | Yes 🗆 | No 🗆 |
| h. Been delinquent in any contributions to any trust funds ?*** | Yes 🗆 | No 🗆 | Yes 🗆 | No 🗆 |
| i. Do you have any corporate or personal assets held in trust or escrow accounts? | Yes 🗆 | No 🗆 | Yes 🗆 | No □ |
| j. Are any business or personal assets restricted or pledged for any purpose (i.e. collateral for a loan, etc |) Yes 🗆 | No □ | Yes 🗆 | No □ |
| k. Were you bonded in the past – By whom? | | No 🗆 | Yes 🗌 | No 🗆 |
| 1. Do you have any bank lines of credit? | Yes 🗌 | No 🗆 | Yes 🗌 | No □ |
| m. Are all Officers, Owners & Partners United States Citizens? | | No □ | Yes 🗆 | No □ |
| n. Do you presently have any surety bonds active with any other companies ? | | No □ | Yes 🗆 | |
| * Disputes include disagreements with owners, suppliers, architects, engineers, laborers and ot receivable and payable bond claims and other job or contract related disagreements. Disregard mi 90 days. | | | | |
| ** Taxes include personal and business income taxes, withholding taxes such as state and federataxes, business and occupation, excise taxes, real and personal property taxes, and any other taxes | | | | FUTA, sale |
| *** Trust funds include pension and/or profit sharing funds, union trust funds, insurance funds (s | state or pr | rivate) and simi | ılar funds. | |
| EXPLAIN ALL "YES" ANSWERS FULLY BELOW OR ATTACH EXPLANATION. | | , , , , , , , , , , , , , , , , , , , | | |
| EXPLAIN ALL "YES" ANSWERS FULLY DELUW OR ATTACH EATLANATION. | | | | |
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| | | | | |
| The Following Statement Must Be Signed By An Owner Or Office | er Of T | he Applica | nt Company | <u></u> |
| | <i>I C</i> , | to Legg. | <i>u</i> | |
| I/We acknowledge that all of the information provided in this application given to induce United Casualty and Surety Insurance Company and its surety bonding support and execute surety bonds on our behalf. | | 1 | | |
| I/We understand that false information may constitute misrepresentation Casualty and Surety Insurance Company to investigate the credit, chara | | | authorize Uni capital of the | |

Date Signature

company and its owners/officers for purposes of the establishment of surety bonding support and to execute

bonds on our behalf