



Thank you for your trust. We are committed to delivering the highest level of excellence to meet and exceed your expectations. Should you have any questions, concerns, or additional requirements, please do not hesitate to reach out. We look forward to embarking on this journey together and having a positive impact on your business.

Programs up to \$1.5MM Single / \$1.5MM Aggregate

Contractor Information:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business (Sole Proprietorship / Corporation / LLC / Partnership): \_\_\_\_\_ FEIN: \_\_\_\_\_

Date of Incorporation/Organization: \_\_\_\_\_ Primary Trade of Work: \_\_\_\_\_

Owner Information:

Owner 1:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Ownership %: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Owner 2:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Ownership %: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Owner 3:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Ownership %: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Owner 4:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Ownership %: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Do any of the following apply for the business or for any of the owners? For any answered Yes, please provide details on a separate page.**

Yes No

- Been in business or under current management for less than 3 years?
- Ever filed for bankruptcy?
- Involved in any current or pending litigation?
- Had any liens filed against them in the last 5 years?
- Been delinquent on Federal or state taxes in the last 5 years?
- Failed to complete a contract or been involved in a surety claim?
- Been declined by or have open bonds with another surety in the past 12 months?

**Bond Request Form:**

Project Owner Name: \_\_\_\_\_

Project Owner Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Location: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

Maintenance Period (# of Months): \_\_\_\_\_ Liquidated Damages: \_\_\_\_\_

Retainage: \_\_\_\_\_ Work On Hand/Backlog: \_\_\_\_\_

If no bond is needed at this time, but you would like to be prequalified for future bonding, please leave the following fields unfilled and [check here](#):

**Bid Bond**

Bid Date: \_\_\_\_\_

Bid Estimate: \_\_\_\_\_

Bid Bond % or Amount: \_\_\_\_\_

Bid / Solicitation #: \_\_\_\_\_

**Performance/Payment Bond**

Contract Date: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

2<sup>nd</sup> Lowest Bidder Amount: \_\_\_\_\_

3<sup>rd</sup> Lowest Bidder Amount: \_\_\_\_\_

**Largest Job History:**

Project Name	Obligee	Contract Price	Completion Date	Bonded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Credit Report Disclosure**

By signing this application, the applicant(s) certifies the answers are true and complete to the best of their knowledge. Applicant(s) and all owners and spouses/domestic partners hereby authorize AVLA US Insurance Company and any of its related Companies or Affiliates and the Agency to make such pertinent inquiry as necessary from consumer credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

Business Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_

**Owner 1:**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Owner 2:**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Owner 3:**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Owner 4:**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_