

SURETY NOW

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|---|--------------------------------------|--|--|--|---|----------------------------------|------------------------------|-----------------------------|
| Type of Business: | <input type="checkbox"/> Partnership | <input type="checkbox"/> (S) Corporation | <input type="checkbox"/> (C) Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LLC | <input type="checkbox"/> LLP | Federal TaxID: | |
| Company Legal Name (include DBA): | | | | | | | | |
| Company Address (not PO Box): | | | | | | | | |
| City: | State: | Zip: | Business Started (MM/YYYY): | | | Year current management started: | | |
| Primary Trade/Scope of Work: | | | | | Operating Territory (miles from business): | | | |
| Scope(s) of work you self-perform (if different from your primary trade) | | | | | For states where licensing is required, provide state name & license numbers: | | | |
| Contract price for largest job completed by this company: | | Scope of work for largest job: | | | | | | |
| Any uncompleted bonded jobs (if yes please provide below: amount(s), % complete, completion date): | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has Company/Affiliate or any Owner/Spouse ever declared bankruptcy, failed to complete a contract, or caused a surety loss? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any delinquent taxes/payables, open liens, lawsuits, or judgments against the Company/Affiliate or an Owner/Spouse? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any assets held in trust, pledged to creditors, or held in escrow accounts? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do the Owners/Spouses have ownership in affiliates or other entities? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES to above questions, please provide details: | | | | | | | | |
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OWNER DATA / INDEMNITORS

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| So your request is not delayed, provide the information below on ALL owners and spouses. Credit Reports will be obtained during the underwriting process. | | | | | |
| Owner 1 Name (<i>authorized to sign on behalf of the company</i>): | | Date of Birth: | SSN: | Owner %: | US Citizen (Y/N): Married (Y/N): |
| Spouse 1 Name: | | Date of Birth: | SSN: | Owner %: | US Citizen (Y/N): |
| ➡ Personal Address: | | City: | | State: | Zip: |
| Owner 1 Email (only needed if signing electronically): | | Spouse 1 Email (only needed if signing electronically): | | | |
| Owner 2 Name: | | Date of Birth: | SSN: | Owner %: | US Citizen (Y/N): Married (Y/N): |
| Spouse 2 Name: | | Date of Birth: | SSN: | Owner %: | US Citizen (Y/N): |
| ➡ Personal Address: | | City: | | State: | Zip: |
| Owner 2 Email (only needed if signing electronically): | | Spouse 2 Email (only needed if signing electronically): | | | |
| Owner 3 Name: | | Date of Birth: | SSN: | Owner %: | US Citizen (Y/N): Married (Y/N): |
| Spouse 3 Name: | | Date of Birth: | SSN: | Owner %: | US Citizen (Y/N): |
| ➡ Personal Address: | | City: | | State: | Zip: |
| Owner 3 Email (only needed if signing electronically): | | Spouse 3 Email (only needed if signing electronically): | | | |

➡ If no bond is needed at this time, but only for prequalification for future bonding, check here:

CREDIT AUTHORIZATION AND FRAUD NOTICES

CREDIT AUTHORIZATION

Each Indemnitor authorizes Surety to obtain information from third parties, including personal credit reports, in connection with the Surety's underwriting and each Indemnitor's compliance with indemnity agreements, bonded contracts and bonds. Each Indemnitor releases such third parties from liability resulting from the provision of such information.

FRAUD NOTICES: PLEASE REVIEW THE STATUTORY FRAUD NOTICE APPLICABLE TO YOUR STATE.

Arkansas, Louisiana, Maryland, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Colorado: 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 policy holder 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.

District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Ohio: 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.

Pennsylvania: 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.

Tennessee, Maine, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.