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usicoa.com

## **EXPRESS BOND APPLICATION**

## FOR PERFORMANCE / PAYMENT BOND Under \$200,000

NOT TO BE USED FOR SUBDIVISION, SITE IMPROVEMENT ASBESTOS ABATEMENT, COMPLETION, HAZARDOUS MATERIALS, COMPUTER SOFTWARE PROGRAMS, MAINTENANCE OR MULTI-YEAR CONTRACTS.

## **PRINCIPAL**

Name			Website		
Entity: Individual Partnership	Sole Proprietorship	FEIN		Date Business	
☐ Corporation ☐ Sub S Corporation ☐		C: 10: 17		Started:	
Mailing City/State/Zip Address:					
Physical (Street) City/State/Zip					
Address: Phone Fax Ne				orth	
Number:	Number:		Of Company:		
UNDERWRITING					
HAS THE COMPANY, ANY OF ITS OFFICERS, OWNERS OR PARTNERS:					
Failed in business or declared bankruptcy?					
Are you currently doing a job that is bonded? □ No □ Yes – Give Details:					
DESCRIBE THE LARGEST JOB YOU COMPLETED IN THE LAST THREE YEARS:  Name of Owner Kind of Contract Year Final					
or General:	Kind of Work:	Contract Price:	Year Comple	ted: Gross Profit:	
DESCRIBE THE LARGEST JOB YOU ARE DOING NOW NOT INCLUDING THE JOB YOU NEED THIS BOND FOR:					
Name of Owner or General:	Kind of Work:	Contract Price:	Date To Comple		
,					
BOND REQUIRED  ATTACH A COPY OF THE CONTRACT					
Obligee's Name - who is requiring the contractor to get a bond?					
Mailing City/State/Zip					
Address:  Does the Obligee/Owner require a special bond   Total Cost To   Project Solicitation					
form? ☐ No ☐ Yes – Attach the form. Complete The Work?			Or Invitation Number		
Start Com	npletion e·	Penalty Clause \$		Maintenance Period:	
Project	c.	Giause \$		T CHOOL	
Description: What is the name of the company				How much was	
that had the next highest bid?			1	their bid?	
Physical Location (Street) Of Project: City/State/Zip					
What percentage of this work will be subcontracted to others?  What type of work will be subcontracted to others?					
Do you need a Pero	Percent (%) Bid Bond Required Bid			Estimate Total	
Bid Bond? ☐ Yes ☐ No Or F	Flat Amount \$	Date:		Amount of Bid:	
COMPLETE THE FOLLOWING ON EACH OWNER, PARTNER, STOCKHOLDER OR LLC MANAGER  Attach additional owner, partner or stockholder information on separate sheet.					
Full Legal	additional owner, part	Social	anon on separate	Years Of	
Name:  % Ownership Title:		Security #: Email		Experience	
Of Company: Address:					
Name of Social Spouse: Security #:				Combined Personal	
Spouse: Security #: Net Worth:  Home (Street) City/State/Zip  Address:					
IT IS A CRIME FOR ANY PERSON TO DEFRAUD OR KNOW THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING FALSE OR DECEPTIVE STATEMENTS					
Agency	Producer's	ZZO II GZIMINI GON IIIMININ	a This on bed	AGENT'S RECOMMENDATION	
Name:	Name			(MUST MARK ONE)	
Producer's Producer's Phone #: Email:			☐ I am not very familiar with this applicant.☐ I know and highly recommend this applicant.		

Owner(s)' Signatures Print Name(s)

I affirm that the above statements are true to the best of my knowledge, and I understand that the submission of this application constitutes permission for U.S. Insurance Company of America to obtain all consumer information it deems necessary which will be used to determine bonding eligibility. This information will be held in the strictest confidence.