



30 SOUTH ROAD • FARMINGTON, CT 06032

TELEPHONE: (860) 415-8400 • FAX: (860) 404-5394 • EMAIL: bonds@acstarins.com

**CONTRACTOR SURETY APPLICATION
PLEASE PRINT OR TYPE**

CONTRACTORS NAME		TELEPHONE NO.	FAX NO.
ADDRESS		CITY	STATE ZIP CODE
FORM OF BUSINESS (CHECK ONE) <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUB CHAPTER		TYPE OF CONSTRUCTION PERFORMED: TAX ID NUMBER:	
GEOGRAPHIC AREA OF OPERATION		STATES IN WHICH LICENSED TO DO BUSINESS	<input type="checkbox"/> UNION <input type="checkbox"/> NON-UNION
PERCENT OF WORK PERFORMED FOR OWNER %		GENERAL CONTRACTOR %	
DATE BUSINESS ESTABLISHED	DATE INCORPORATED	NAME OF PREDECESSOR COMPANY	DATE CURRENT MANAGEMENT ASSUMED OWNERSHIP

OWNERS

NAME AND ADDRESS	SOCIAL SECURITY	DATE OF BIRTH	POSITION	PERCENT OWNED	YEARS OF EXPERIENCE		NAME OF SPOUSE
					HERE	OTHER	
NAME							
ADDRESS							
CITY							
NAME							
ADDRESS							
CITY							
NAME							
ADDRESS							
CITY							

PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES

NAME	ADDRESS	OWNED BY	SCOPE OF OPERATION

HAS ANY PARTY IN WHICH THE CONTRACTOR, STOCKHOLDER, OR RELATED COMPANIES HAVE FINANCIAL INTEREST, ENGAGED IN ANY FORM OF REAL ESTATE INVESTMENT, DEVELOPMENT OR BUILDING OR ANY OTHER RELATED ACTIVITIES? NO YES (IF YES, DESCRIBE) _____

BUSINESS HISTORY

HAVE ANY OF THE ABOVE OWNERS EVER BEEN, OR ARE NOW, AN OWNER, PARTNER, OR STOCKHOLDER IN ANY OTHER BUSINESS? NO YES IF YES COMPLETE THE FOLLOWING:

COMPLETE NAME OF OTHER BUSINESS	ADDRESS	NAME OF OWNER	% OF BUSINESS OWNED

JOB EXPERIENCE: LIST THREE LARGEST JOBS PERFORMED IN THE LAST 5 YEARS AND AVERAGE JOB SIZE

JOB NAME	CONTRACT AMOUNT	NAME OF CONTACT	TELEPHONE NUMBER
	\$		
	\$		
	\$		

AVERAGE SIZE JOB: \$

PRESENT SURETY NAME	CONTACT	TELEPHONE NO	REASON FOR CHANGING
PRIOR SURETY NAME	CONTACT:	TELEPHONE NO	REASON FOR CHANGING

HAS YOUR COMPANY OR ANY OFFICER, OWNER OR SPOUSE EVER FAILED IN BUSINESS OR COMPROMISED WITH CREDITORS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR COMPANY OR ANY OFFICER, OWNER OR SPOUSE EVER FAILED TO COMPLETE A CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR ANY OFFICER, OWNER OR SPOUSE EVER FAILED TO QUALIFY FOR A BOND AFTER AN AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR BOND CREDIT EVER BEEN TERMINATED BY A SURETY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ACTING AS A SURETY OR INDEMNITOR FOR OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ACTING AS GUARANTOR FOR OTHERS ON THEIR NOTES OR ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES YOUR COMPANY OR ANY OFFICER OR ANY OWNER OWE ANY MONEY TO A BONDING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR COMPANY OR ANY OFFICER OR OWNER EVER REQUIRED ANY FINANCIAL ASSISTANCE OR BORROWED ANY MONEY FROM A BONDING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HAS THE FIRM OR ANY PREDECESSOR FIRM OR ANY OFFICER OR OWNER OR THEIR SPOUSE EVER DECLARED BANKRUPTCY EITHER PERSONALLY OR CORPORATELY? YES NO (IF YES GIVE DETAILS) _____

ANY PRIOR OR CURRENT LITIGATION (COMPANY, OFFICER, OWNER)? YES NO (IF YES, GIVE DETAILS) _____

ANY TAX LIENS (COMPANY, OFFICER, OWNER)? YES NO (IF YES, GIVE DETAILS) _____

ARE UNIOIN BENEFIT PAYMENTS CURRENT? YES NO (IF NO, GIVE DETAILS) _____

ATTACH CURRENT FINANCIAL STATEMENT AND/OR CURRENT FEDERAL INCOME TAX RETURN. REFERENCES OPTIONAL

THE REPRESENTATIONS CONTAINED IN THIS APPLICATION AND IN THE FINANCIAL STATEMENTS ARE WARRANTED BY THE APPLICANT TO BE TRUE.

DATED: _____ (X) _____
SIGNATURE
(X) _____
TYPE OR PRINT SIGNATURE



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**BOND REQUEST • CONSENT / PREQUALIFICATION OF SURETY
 CONTRACT SURETY**

PLEASE TYPE OR PRINT CLEARLY					
COMPLETE THE ITEMS BELOW FULLY AND WITHOUT ABBREVIATIONS EXACTLY THE WAY THEY SHOULD APPEAR ON THE BOND					
PRINCIPAL NAME					
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.
OBLIGEE (OWNER) NAME			CONTACT PERSON		EMAIL
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO. FAX NO.
AGENT NAME					
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.
CONSENT OF SURETY / PREQUALIFICATION LETTER? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IS A SPECIFIC BOND FORM REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH THE FORM.					
DATE OF BID OR CONTRACT		ESTIMATED PROJECT AMOUNT		COMPLETION DATE	
SELECT APPROPRIATE BLOCKS(S)					
<input type="checkbox"/> BID BOND AMOUNT \$ _____ or _____ %		<input type="checkbox"/> PERFORMANCE BOND AMOUNT \$ _____ or _____ %		<input type="checkbox"/> PAYMENT BOND AMOUNT \$ _____ or _____ %	
IF THIS IS A FINAL BOND REQUEST, PLEASE LIST THE THREE LOWEST BIDDERS AND THEIR BID AMOUNTS:					
1.		\$			
2.		\$			
3.		\$			
DESCRIPTION OF JOB (PROJECT OR CONTRACT NAME, NO., LOCATION, ETC.)					
-					
-					
-					
DELIVERY INSTRUCTIONS:					
FEDERAL EXPRESS ACCOUNT NUMBER:					
ARCHITECT, DESIGNER OR CONSULTANT:				NAME	
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NO.
DELAY PENALTY		SUBLET AMOUNT		AMOUNT OF TOTAL COMPANY BACKLOG	
DATE	PREPARED BY		TELEPHONE NO.		FAX NO.
SIGNATURE			DATE		
Office Use Premium: _____ % \$ _____		Collateral Required: _____ % \$ _____		Status Report : <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> End of Project <input type="checkbox"/> Prior to Bond Issuance	
				Funds Control Fee: _____ % \$ _____	

→ INCOMPLETE DATA MAY DELAY THE EXECUTION OF YOUR BOND
 → FOR CONSENT OF SURETY/PREQUALIFICATION LETTER PLEASE INDICATE IF A BOND IS NEEDED OR ONLY THE LETTER AT THIS TIME.