CONTRACT SURETY BOND SUPPLEMENTAL

For bid, performance, payment, maintenance, and subdivision bonds. Surety bonds are not insurance: the business and its owners must repay the surety for any claim it pays. Intake form only; the surety will require its own application, an indemnity agreement, and financial statements. Sections marked REQUIRED are all we need to start; the optional sections help the surety set your program. License, permit, and commercial bonds use CWCO-SUP-BONDLIC; court and fiduciary bonds use CWCO-SUP-BONDCOURT.

1 APPLICANT & POLICY INFORMATION — REQUIRED

LEGAL BUSINESS NAME | PROPOSED EFFECTIVE DATE | CURRENT POLICY EXPIRATION DATE

PRIMARY CONTACT / TITLE | PHONE | EMAIL

BUSINESS ADDRESS | CITY / STATE / ZIP | YEARS IN BUSINESS | FEIN (FEDERAL TAX ID)

Entity type:

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit ☐ Other

ANNUAL REVENUE — NEXT 12 MONTHS ($)

2 BOND REQUEST & CAPACITY — REQUIRED

Bond type (check all that apply):

☐ Bid ☐ Performance & payment ☐ Maintenance / warranty ☐ Subdivision / site improvement ☐ Other

BOND AMOUNT ($) | OBLIGEE (WHO REQUIRES THE BOND) | DATE NEEDED

DESCRIBE THE PROJECT OR OBLIGATION BEING BONDED (CONTRACT, OWNER, LOCATION, SCOPE)

SINGLE-JOB LIMIT REQUESTED ($) | AGGREGATE PROGRAM REQUESTED ($) | CURRENT BACKLOG ($)

WORKING CAPITAL ($) | NET WORTH ($)

2-1 Has any bond claim been made, or has the business ever failed to complete a contract? ☐ Yes ☐ No

IF YES, EXPLAIN

3 OWNERS & INDEMNITORS — REQUIRED

Sureties review the credit of the owners who stand behind a bond. Most will ask the owners (and sometimes spouses) to sign a personal indemnity agreement before the bond is issued.

Owner / Indemnitor 1 (required)

FULL LEGAL NAME | TITLE / RELATIONSHIP | % OWNED | SOCIAL SECURITY NO. | DATE OF BIRTH

HOME STREET ADDRESS | HOME CITY / STATE / ZIP | EMAIL | PHONE

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

Owners / Indemnitors 2–4 (optional): add every owner of 10% or more and every spouse who will sign the indemnity.

Owner / Indemnitor 2

FULL LEGAL NAME	TITLE / RELATIONSHIP	% OWNED	SOCIAL SECURITY NO.	DATE OF BIRTH

HOME STREET ADDRESS	HOME CITY / STATE / ZIP	EMAIL	PHONE

Owner / Indemnitor 3

FULL LEGAL NAME	TITLE / RELATIONSHIP	% OWNED	SOCIAL SECURITY NO.	DATE OF BIRTH

HOME STREET ADDRESS	HOME CITY / STATE / ZIP	EMAIL	PHONE

Owner / Indemnitor 4

FULL LEGAL NAME	TITLE / RELATIONSHIP	% OWNED	SOCIAL SECURITY NO.	DATE OF BIRTH

HOME STREET ADDRESS	HOME CITY / STATE / ZIP	EMAIL	PHONE

☐ I authorize Cory Washington & Co. and the sureties it submits this application to, to obtain consumer credit reports on each person listed above for the purpose of underwriting this bond. Each person listed has agreed to this.

You can stop here — go to Signature on page 3. The optional sections that follow are not required to start a quote; completing them helps underwriters offer better terms.

4 BONDING HISTORY & FINANCIAL DETAIL — OPTIONAL

CURRENT SURETY / PROGRAM	STATE(S) OF LICENSE / REGISTRATION	YEARS UNDER CURRENT OWNERSHIP

JOB IN PROGRESS	CONTRACT AMOUNT ($)	% COMPLETE	EST. GROSS PROFIT ($)	BONDED (Y/N)

LARGEST JOBS COMPLETED (5 YRS)	CONTRACT AMOUNT ($)	YEAR	OWNER / OBLIGEE

4-1 Are year-end financial statements prepared by an outside CPA (compiled, reviewed, or audited)? ☐ Yes ☐ No

IF NO, EXPLAIN

Level of the latest year-end statement:

☐ Internally prepared ☐ CPA compiled ☐ CPA reviewed ☐ CPA audited

4-2 Is a current work-in-progress schedule maintained and reviewed monthly? ☐ Yes ☐ No

IF NO, EXPLAIN

4-3 Does the business have a bank line of credit? ☐ Yes ☐ No

IF NO, EXPLAIN

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4-4 Has any job in the past 3 years finished at a loss, or with profit well below estimate? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are subcontractors on large jobs bonded or prequalified? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Will the owners sign the surety's general agreement of indemnity? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Are there unpaid liens, judgments, or tax liens against the business or its owners? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Has the business or any owner filed for bankruptcy? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Is there a written succession plan if a key owner dies or becomes disabled? ☐ Yes ☐ No
IF NO, EXPLAIN

4-10 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

Attach if available: the two most recent year-end CPA financial statements, the latest interim statement, the current WIP schedule, a bank reference, and owners' resumes.

5 SIGNATURE & FRAUD WARNING

REQUIRED

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage.

> FRAUD NOTICE: 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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE