


<b>AEGIS SECURITY INSURANCE COMPANY</b>		Phone:	1-800-683-9399
 Delmarva Underwriters, Ltd t/a 846 Walker Road, Suite 31-1 Dover, DE 19904		Fax:	302-678-9409
		Email: <b>cfoltz@bondagency.com</b> Web: <b>www.bondagency.com</b>	

**APPLICATION FOR SMALL CONTRACT BONDS**

1.	Principal or Business Name:			
	Address:			
	Phone:		Fax:	
	Tax E.I.N. #:	Type of Business: <input type="checkbox"/> Corp. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		

% Equity	Owners:	Spouses
	Name: _____ SSN: _____ Address: _____	Name: _____ SSN: _____
	Name: _____ SSN: _____ Address: _____	Name: _____ SSN: _____
	Name: _____ SSN: _____ Address: _____	Name: _____ SSN: _____

2.	<b>For All Bonds</b>		
	Owner / Obligee ( <i>who is requiring bond</i> ):		
	Owner / Obligee Address:	Street:	
		City:	State: Zip
	Project:		
	Bid Date:		
	Estimated. Contract Amount: \$	Amount of Bid Bond Required (% or \$):	
	Project Start Date	How Much Subcontracted? :	\$
	Cost of Materials: \$	Time for Completion:	
	Maintenance Period?	\$	
	Liquidated Damages?	\$	

3.	<b>For Performance Bonds Only:</b>	
	Contract Amount:	\$
	Contract Date:	
	Next Two Lowest Bidders:	
	a.	
	b.	

4.	<b>Tell Us About Your Company</b>			
	Type of Work:			
	Geographic Area:			
	Years of Contracting Experience:		Largest Job Completed:	\$
	Customer for Largest Job:			Phone:
	Approximate Net Worth of Business:	\$		

5.	<b>List Three Prior Job References</b>		
a.		Phone:	
b.		Phone:	
c.		Phone:	
6..	<b>List Three Supplier References</b>		
a.		Phone:	
b.		Phone:	
c.		Phone:	

General Disclosure Information										
		Company				Any Owner, Officer or Partner				
a.	Failed in business or declared bankruptcy?	Yes		No			Yes		No	
b.	Failed to Complete a job or been assessed with delay damages?	Yes		No			Yes		No	
c.	Been in a claim with a Surety?	Yes		No			Yes		No	
d.	Involved in any lawsuits or disputes n last 5 years?	Yes		No			Yes		No	
e.	Do you have any business or personal assets held in trust or escrow accounts?	Yes		No			Yes		No	
f.	Are any business or personal assets restricted or pledged for any purpose (i.e. collateral for a loan, etc.)?	Yes		No			Yes		No	
g.	Were you bonded in the past – If so, by Whom?	Yes		No			Yes		No	

*The following statement must be signed by an owner or officer of the company for which bonding is being requested.*

I acknowledge that all information is complete and correct and is given to induce the insurance company to execute surety bonds. I understand that false information may constitute misrepresentation or fraud. I, the undersigned, am authorized to allow you to investigate the credit, bank and performance reference and prior sureties of the company, its employees and owners for bond purposes.

Completed by:			
	(print name)		
Title:			
Signature:			Date: