



Use this application set when applying for a bond for jobs less than \$350,000 or less. The applicant must:

- Have been in business for at least one year;
- show favorable personal and business credit reports;
- have never declared corporate or personal bankruptcy;
- carry no more than \$600,000 of uncompleted bonded work at one time;
- are seeking a bond for the type and scope of work that they regularly perform; and
- are not involved in:
 - asbestos abatement
 - hazardous materials
 - software development
 - design/build with efficiency guarantees
 - multi-year service contract
 - subdivision and completion bonds
 - right-of-way bonds.

The surety does not require financial statements on bonds up to \$350,000. For aggregate bond liability in excess of \$350,000 we will need the latest CPA prepared fiscal year-end statement or internally prepared statements and the owners' tax returns and personal financial statements.

There is a \$100 annual bid bond service fee is applicable in most states. The premium for all final bonds is 3% of the awarded contract price except in NY and WA.

Contact The Southern Agency office to begin your application. There is a \$100 minimum premium for performance and payment bonds.

The Southern Agency, Inc.
Derek Wirz
P O Box 28235
Chattanooga, TN 37424
dwirz@thesouthernagency.com
423-504-4647 cell

Contract Bond Application

Contract Surety Bonds up to
\$350,000 and Aggregate bonded
liability up to \$600,000*

THE SOUTHERN AGENCY, INC.
P O BOX 28235
CHATTANOOGA, TN 37424
Agency Name & Agency Code
DEREK WIRZ
dwirz@thesouthernagency.com
Agent & Email Address

PLEASE PRINT OR TYPE

CONTRACTOR INFORMATION

Entity Creation Date (e.g. 05/11/2012):			
Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> "C" Corporation <input type="checkbox"/> "S" Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP			
Contractor Name:			Phone #:
Street Address:			
City:		State:	ZIP:
Type of Work Performed:			
Job Size Experience (list two largest contracts completed in last five years):			
	<u>Owner or General</u>	<u>Contract Price</u>	<u>Gross Profit</u>
1.			
2.			
Has there ever been a claim filed under any bond issued on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach explanation.			

INDEMNITOR INFORMATION (provide for all owners; use additional sheets if necessary)

Name:	Name:
Street Address:	Street Address:
City/State/ZIP:	City/State/ZIP:
Social Security No.:	Social Security No.:
Date of Birth:	Date of Birth:
Ownership %:	Ownership %:
Spouse Name:	Spouse Name:
Social Security No.:	Social Security No.:
Date of Birth:	Date of Birth:
Ownership %:	Ownership %:
Monthly Household Income:	Monthly Household Income:
Any owners, partner, officer, or members failed in business or declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been arrested, indicted, sentenced or imprisoned? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BOND INFORMATION (this application is not intended for Subdivision bonds, Asbestos Abatement, Completion, Hazardous Materials, Software Development or Multi-Year Service Contract)

<input type="checkbox"/> Bid Bond	<input type="checkbox"/> Performance & Payment Bond
Bid Date:	Contract Date:
Bid % or Bid Amount:	Contract Price: *
Estimated Contract Price:	Start Date:
Estimated Start Date:	Completion Date:
Estimated Completion Date:	Backlog (total estimated cost-to-complete):
Liquidated Damages: /day	Negotiated Contract: <input type="checkbox"/> Yes** <input type="checkbox"/> No
Maintenance Period: years	Maintenance Period: years
Backlog (total estimated cost-to-complete):	Bidder #2: Bidder #3:
	**Private job or subcontracts, please attach copy of contract for projects over \$100,000.
Obligee:	
Obligee Address:	City: State ZIP:
Project Location:	
Job Description:	
If Private Owner, Financing by:	

*For aggregate bonded liability in excess of \$350,000, please attach latest CPA prepared fiscal year-end financial statement or internally prepared statement with supporting tax return along with a current personal financial statement.

Agency Comments:

GENERAL INDEMNITY AGREEMENT

The UNDERSIGNED PRINCIPAL AND INDEMNITOR(S) (hereafter referred to as the "Undersigned") represent that the statements set forth in the foregoing application are true, and are made for the purpose of inducing THE CINCINNATI INSURANCE COMPANY, an Ohio corporation (hereinafter referred to as the "Surety") to become surety on the Bond or Bonds outlined in the BOND INFORMATION above and all subsequent Bonds applied for and provided by the Surety and in consideration of its so doing, HEREBY JOINTLY AND SEVERALLY COVENANT AND AGREE with the Surety, its successors and assigns, as to said Bond or Bonds heretofore or hereafter executed or procured for or at the request of the Undersigned.

The Undersigned expressly authorizes the Surety to access their personal credit reports and credit history as well as make such pertinent inquiries as may be necessary from third party sources to: (A) verify information supplied to the Surety, (B) properly underwrite the risk(s), (C) investigate upon receipt of a Notice of Claim or potential claim under any Bond, and/or (D) any other time deemed justifiable by the Surety.

DEFINITIONS: Throughout this document, the term "Agreement" shall mean this binding contract document and all documents comprised of the contract documents, including general and special conditions, specifications and drawings. The word "Bond" shall mean a contract of suretyship, guaranty or indemnity, an agreement or consent to provide such a contract, and the continuation, extension, alterations, renewal or substitution of such a contract, agreement or consent. As used in this Agreement, words in the singular include the plural and words in the plural include the singular. The masculine pronoun shall be read as feminine or neuter as circumstances require.

"Undersigned" shall mean and include all associated individuals, sole proprietorships, partnerships, corporations and/or associations represented.

TERMS & CONDITIONS: The Undersigned agrees to:

(a) **Indemnify** the Surety and hold it harmless from and against any and all liability, losses, costs, damages, attorneys' fees, disbursements and expenses of whatever kind or nature which the Surety may sustain or incur by reason or in consequence of having executed or procured the execution of the Bond or Bonds aforementioned and/or which the Surety may sustain or incur in making any investigation, in settling any claims or in defending or prosecuting any actions, suits or other proceedings which may be made or brought under or in connection therewith, and/or in recovering or attempting to recover salvage or any unpaid Bond premium, in obtaining or attempting to obtain release from liability, or in enforcing any of the covenants of this Agreement. The Undersigned will pay over, reimburse and make good to the Surety, its successors or assigns, all money which the Surety or its representatives shall pay, or cause to be paid or become liable to pay, by reason of the execution of any such Bond or Bonds, such payment to be made to the Surety as soon as it shall become liable, whether the Surety shall have paid out such sum or any part thereof, or not.

(b) Pay to the Surety when due, all premiums and charges of the Surety for the Bonds in accordance with its rate filings, its manual of rate, or as may be agreed. Premiums calculations shall be based on the Contract Price as stated in the Contract Bond Application and shall be adjusted accordingly based on the final Contract Price as Stated in the Contract Bond Application.

Surety shall have the right to handle or settle any claim or suit arising out of or related to either or both any Bond and/or this Agreement. An itemized statement of loss and expense incurred by the Surety, sworn to by an officer of the Surety, shall be prima facie evidence of the facts and extent of the Undersigned's liability under this Agreement. Separate suits may be brought on this Agreement against any or all of the Undersigned, and the bringing of a suit or the recovery of a judgment upon any cause of action shall not prejudice nor bar the bringing of other suits upon other causes of action whether therefore or thereafter arising. The Surety is expressly authorized to settle any claim based upon this Agreement with any one or more of the Undersigned individually, and such settlement or compromise shall not affect the liability of any of the rest of the Undersigned.

If the Surety receives a performance Bond or payment Bond claim or demand for which the Surety has contingent liability for losses, costs, attorney fees and disbursements and/or expenses in connection with such claims, the Undersigned shall, upon demand of the Surety, and regardless of any proceedings contemplated or taken by the Undersigned or the pendency of any appeal, deposit with the Surety cash or other agreed upon collateral in an amount determined by the Surety to be sufficient to cover the claim or demand and interest thereon. These funds shall be held by the Surety as collateral, in addition to the indemnity afforded by this Agreement, with the right to use such funds or any part thereof, at any time, in payment or compromise of any judgment, claims, liability loss, damage, attorneys' fees and disbursements or other expenses; and if the Surety is required to enforce performance of this covenant by action at law or in equity, the costs, charges, and expenses, including attorneys' fees, which it may thereby incur, shall be included in such action and paid by the Undersigned. Demand shall be sufficient if sent by registered mail to the Undersigned at the address given herein or last known to the Surety.

The liability of the Undersigned hereunder shall not be affected by the failure to sign any such Bond, nor by any claim that other indemnity or security was to have been obtained, nor by the release of any indemnity, or the return or exchange of any collateral that may have been obtained. If any party signing this Agreement is not bound for any reason, this Agreement shall still be binding upon each and every other party. The Surety may decline to execute any Bond or amend any Bond without cause and without any liability which might arise there from.

Undersigned may terminate liability to the Surety under this Agreement by sending Registered or Certified Mail to the Surety, attention BOND DEPARTMENT, at its Home Office, P.O. Box 145496, Cincinnati, Ohio, 45250-5496. But any such notice of termination shall not operate to modify, bar, discharge, limit, affect, or impair the obligations of the Undersigned under this Agreement with respect to Bonds which are executed prior to such termination or with respect to Bonds executed after the date of such termination: (i) upon the award of a contract to the Undersigned on a bid or proposal with respect to which the Surety has executed a bid or a proposal Bond or a similar undertaking prior to such date; or (ii) for which the Surety has become obligated, prior to such date, to execute. Further, such notice of termination shall operate only with respect to those of the Undersigned upon whose behalf such notice of termination shall have been given.

The partial or complete invalidity of any one or more provisions of this Agreement shall not affect the validity or continuing force and effect of any other provision. A facsimile of this Agreement shall be considered an original and shall be admissible in a court of law to the same extent as an original signed copy. This Agreement shall be governed by the laws of the State of Ohio, with proper venue being Butler County.

Signed, Sealed, and dated this _____ day of _____, _____

IMPORTANT

If a Proprietorship, applicant must sign. Applicant and spouse must sign personal indemnity below.

If Partnership, two authorized partners must sign on behalf of the firm. The two authorized partners and their spouses must sign personal indemnity below.

If a Corporation, two corporate officers must sign below on behalf of the Company. Shareholders of the Corporation and their spouses must sign personal indemnity below.

Each signature must be witnessed separately.

PRINCIPAL: _____

*Witness: _____

By: _____

*Witness: _____

By: _____

*Witness: _____

By: _____

INDEMNITOR(S):

*Witness: _____

*Witness: _____

*Witness: _____

*Witness: _____

Refer to the following page for the current version of ACORD 63 FRAUD STATEMENTS.



AGENCY CUSTOMER ID: _____

FRAUD STATEMENTS

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 policyholder 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.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)



THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY
6200 S Gilmore Rd, Fairfield OH 45014-5496

CINCIBOND®
Surety Made Simple®

Commercial Surety Bond Application

Bond No.:

COMPLETED BY AGENCY	Agency Name: THE SOUTHERN AGENCY, INC.		Agency Code: 41-154	
	Producer: DEREK WIRZ		<input type="checkbox"/> Agency P&C Account	<input type="checkbox"/> Cincinnati Insured

ALL APPLICANTS complete this section Where "Yes" attach explanation	Applicant:		Phone:	
	Street Address:			
	City, State, ZIP:		County:	
	Type of Bond:	Bond Limit: \$	Effective Date:	
	Has there ever been a claim filed under any bond issued on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Has the applicant/owner ever declared bankruptcy, either personally or for a business in which you had an ownership interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the applicant/owner ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different than above):				

BUSINESS APPLICANT	FEIN:	Industry:	Year established:
	<input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other:		
	Owners/partners & percentages:		
	Parent / Subsidiaries / Affiliates Companies:		

INDIVIDUAL APPLICANT	SSN:	Date of Birth:	Occupation:	Since:
	Any known credit concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please comment:			

PLEASE COMPLETE THE APPROPRIATE NUMBERED SECTION FOR TYPE OF BOND:

1	LICENSE & PERMIT MISCELLANEOUS	Complete Name and Address of Obligor:
2	MEDICARE OR MEDICAID SUPPLIER	National Provider No.: PTAN: Are you licensed / certified by a state agency or board? Yes No If "Yes", State: License No.: Since:
3	LOST SECURITY	Issuer of Security: Description of Security: Security Number: Date of Security: Registered Name / How is it payable? If stock, number of shares: Price Per Share: \$ If a check, has payment been stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when? Was security endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No Required bond penalty: <input type="checkbox"/> Fixed <input type="checkbox"/> Open If "Yes", how? Has notice of loss been given? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when? To whom? Part of probate case? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", probate bond required? <input type="checkbox"/> Yes <input type="checkbox"/> No Surety?
4	*PROBATE Where "Yes" attach explanation	Name of Deceased/Ward: Applicant Relationship to Deceased/Ward: If Deceased, Date of Death: If Ward, Age & Condition: Will any business of the estate be continued by the fiduciary? <input type="checkbox"/> Yes <input type="checkbox"/> No Who are the heirs of the estate? Previous Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No Assets of estate: \$ (Personalty) \$ (Real Estate) Is there a trust involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach trust agreement Name and Address of Attorney: (*Required, see below statement) Name and Address of Court: What is the applicant's experience in handling fiduciary responsibilities?
5	*COURT Attach court documents	Plaintiff: Defendant: Name and Address of applicant's Attorney: (*Required, see below statement) Name and Address of Court:

***FOR PROBATE OR COURT, APPLICANT AGREES TO HAVE AN ATTORNEY HANDLING THE CASE AT ALL TIMES**

GENERAL STATEMENT Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN 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.

APPLICABLE IN 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.

FAIR CREDIT REPORTING ACT PRE-NOTIFICATION:

This is to inform you that, as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through third-party credit reporting agencies and/or personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation and to request a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act". Information obtained during this investigation may be shared with your insurance agent/agency for the purpose of seeking additional information or to provide clarification.

GENERAL INDEMNITY AGREEMENT: The undersigned applicant and indemnitor(s) hereby request The Cincinnati Insurance Company and/or The Cincinnati Casualty Company (the "Company") to become surety for the above applicant for the bond described herein, including any extension, renewal, increase or decrease thereof. The undersigned certify to the truth of all statements in the application and do jointly and severally agree:

- (1) That the Company is authorized to obtain information through third-party credit reporting services and/or personal interviews with third parties such as business associates, financial institutions or others with whom the undersigned may be acquainted or associated and that the Company is further authorized to share such information with the insurance agent/agency as may be necessary for the purpose of seeking additional information or clarification from the undersigned;
- (2) That the Company is authorized to share any information provided or obtained with reinsurance companies contracted to provide surety reinsurance to the Company for the purpose of approving bonds requested by the applicant or for routine underwriting conducted by such reinsurance companies;
- (3) To pay the usual premiums, including but not limited to initial, renewal and amended premiums;
- (4) To supply in a timely manner any such information requested by the Company as is customary and/or reasonable for purpose of underwriting or adjusting claims related to this bond any amendment to or extension thereof or any subsequent bond covered under this agreement;
- (5) That the Company shall have the right to handle or settle any claim or suit in good faith;
- (6) To completely indemnify the Company from and against any liability, loss, cost, attorneys' fees, and expenses whatsoever, including the enforcement of this agreement, which the Company shall at any time sustain as surety or by reason of having been surety on this bond or any other bond issued for applicant;
- (7) That an itemized statement of loss and expense incurred by the Company, sworn to by an officer of the Company, shall be prima facie evidence of the fact and extent of the liability of the undersigned to the Company;
- (8) That upon demand by the Company in the event it deems it necessary to establish a reserve, to deposit cash funds with the Company in an amount sufficient to satisfy any claim against the Company by reason of such suretyship;
- (9) In the event of any payment of loss and/or expense by the Company, to pay the Company interest on such amounts at the legal rate for the State of Ohio from the date such payments are made;
- (10) That the Company may decline to become surety on any bond or may cancel or amend any bond without cause and without any liability which might arise therefrom;
- (11) To hereby waive notice of any change, alteration, or extension of any bond, and agree that this indemnity shall cover any subsequent bond of any type for the applicant that may be issued by the Company;
- (12) That a true photocopy, digital scan, facsimile or other true copy of this agreement and signatures shall not be contested by the undersigned on the basis that is not an original and that such true copy shall be equally binding and enforceable as the original according to all the terms and conditions contained herein;
- (13) That at the Company's discretion, this indemnity agreement shall be governed in all respects by the laws of the State of Ohio and the undersigned applicant and indemnitor(s) hereby waive their defense of personal jurisdiction, and consent to personal jurisdiction and venue of the courts of the State of Ohio and the United States District Courts for the District Courts of Ohio in all actions or proceedings arising from or relating to this indemnity agreement;
- (14) That this indemnity may be cancelled as to subsequent liability by an indemnitor upon "Registered Mail" written notice to the Company at The Cincinnati Insurance Companies, Attention: Surety Department, P.O. Box 145496, Cincinnati, Ohio, 45250-5496, effective thirty (30) days after the earliest day thereafter upon which the Company receives the notice, but this provision shall not apply to bonds already committed to be written for the applicant by the Company or any bonds previously written for the applicant prior to notice.

The undersigned applicant and indemnitor(s) certify that they have read and understood the entirety of this application including each and all of the preceding numbered pages and hereby agree to all of the terms and conditions contained herein.

APPLICANT:

A	Name: _____	
	SIGNED:	WITNESSED:
	By: _____ Date: _____	By: _____
	Print Name & Title: _____	Print Name: _____

THIRD-PARTY INDEMNITOR: MUST ATTACH RESOLUTION OF THE BOARD/PARTNERS

B	Name: _____		FEIN: _____
	Street Address: _____		
	City, State, ZIP: _____		Phone: _____
	SIGNED:	WITNESSED:	
	By: _____ Date: _____	By: _____	
	Print Name & Title: _____	Print Name: _____	

INDIVIDUAL INDEMNITORS:

C	Name: _____		SSN: _____
	Street Address: _____		
	City, State, ZIP: _____		Phone: _____
	SIGNED:	WITNESSED:	
	By: _____ Date: _____	By: _____	
	(INDIVIDUALLY)	Print Name: _____	
D	Name: _____		SSN: _____
	Street Address: _____		
	City, State, ZIP: _____		Phone: _____
	SIGNED:	WITNESSED:	
	By: _____ Date: _____	By: _____	
	(INDIVIDUALLY)	Print Name: _____	
E	Name: _____		SSN: _____
	Street Address: _____		
	City, State, ZIP: _____		Phone: _____
	SIGNED:	WITNESSED:	
	By: _____ Date: _____	By: _____	
	(INDIVIDUALLY)	Print Name: _____	
F	Name: _____		SSN: _____
	Street Address: _____		
	City, State, ZIP: _____		Phone: _____
	SIGNED:	WITNESSED:	
	By: _____ Date: _____	By: _____	
	(INDIVIDUALLY)	Print Name: _____	



THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Completion Bond Questionnaire
PLEASE PRINT OR TYPE

CINCIBOND®
Surety Made Simple®

1. Project owner: _____

2. Is the principal a Cincinnati Insurance account ☐ Yes ☐ No

3. Has the principal needed any other Surety Bonds in the last 12 months? ☐ Yes ☐ No

If "Yes" provide the name of the Surety Company: _____

4. Complete scope & description of work (attach applicable project plans): _____

5. Work performed by: _____

A) If Principal, qualifications for performing such work: _____

B) If other than Principal:

a) Contractor selected through:

☐ Competitive bid

☐ Competitive selection/Estimates

☐ Reputation/Familiarity with work

☐ Advertisement/No prior knowledge of work

b) Contractor retained through:

☐ Parties have entered into a written contract (please attach copy)

☐ Estimate/bid and verbal agreement (please attach estimate/bid)

Will parties enter into a formal written contract before work begins? ☐ Yes ☐ No

c) Has the contractor performed work for you before? ☐ Yes ☐ No

If Yes, was a completion or performance bond required? ☐ Yes ☐ No

If Yes, was the work fully released without claim? ☐ Yes ☐ No- attach explanation

d) Has project owner required a performance bond for this project? ☐ Yes ☐ No

e) Will any of the work for this project be subcontracted? ☐ Yes ☐ No

If Yes, describe subcontracted work: _____

Will subcontractor performance bonds be required? ☐ Yes ☐ No

6. Project start date: _____ Expected duration or completion date: _____

Will the obligee inspect the project to release the bond upon completion date listed above? ☐ Yes ☐ No

If No, when will the work be inspected? _____

7. Total cost of project: _____

8. How will project be financed? _____

Has all project financing been secured? ☐ Yes ☐ No

How will funds be released? _____

9. Has the obligee required a separate maintenance bond for this project? ☐ Yes ☐ No

If Yes, amount of bond: _____ Term: _____

Completed by: _____ Title: _____ Date: _____

If issued, this bond will remain in full force and effect until an authorized project or bond release is signed by the obligee and provided to The Cincinnati Insurance Companies. While the bond remains in force, renewal premiums will be charged. For longer term projects, prepayment of premium up to 3 years may be required. Upon cancellation, unearned premium will be returned subject to a fully-earned first year premium and annual minimum premiums at the amount filed within the applicable State.