

Quick'n Ez Contract Pre-Qualification Application

CONTRACTOR INFORMATION

Type of Business: Proprietorship Partnership Corporation LLC LLP Other

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Tax ID #: _____

Telephone Number: _____ Mobile Number: _____

Fax Number: _____ Email Address: _____

How long under current Ownership: _____ Contractors License Number: _____ State: _____

Current Surety: _____ Completed Bonded Job / Year Completed: _____

Number of Owners: _____ List information below for each owner:

Name: _____	% Ownership: _____
Name: _____	% Ownership: _____
Name: _____	% Ownership: _____

List any Additional Name(s): _____

INDEMNITOR INFORMATION

Indemnitor Name: _____ SSN: _____ Date of Birth: _____

Married? If Yes, Spouse Name: _____ SSN: _____ Date of Birth: _____

Residential Address: _____ City: _____ State: _____ Zip: _____

Purchase Date: _____ Mortgage Lender: _____

Purchased Price: \$ _____ Market Value: \$ _____ Mortgage Balance: \$ _____

Name of Personal Bank: _____

Checking Account Balance: \$ _____ Savings Account Balance: \$ _____

Personal Net Worth (Excluding Business Assets) \$ _____ Are Any Personal Assets Held in Trust? Yes No

Total Marketable Securities? \$ _____ *Please list below and attach recent statement(s)*

BLANKET AUTHORIZATION FORM

Authority is hereby granted to any Individual, Firm or Corporation and any financial institution to furnish HCC Surety Group upon its request, with any information concerning or pertaining to the undersigned's financial standing, credit or manner of meeting obligations. A copy of this agreement shall be considered the same as the original. This authorization is to remain in force until rescinded by the applicant in writing.

Signature	Date	Signature	Date
(Printed Name)		(Printed Name)	
Social Security Number		Social Security Number	
Home Address (Street)		Home Address (Street)	
City, State, Zip		City, State, Zip	
Signature	Date	Signature	Date
(Printed Name)		(Printed Name)	
Social Security Number		Social Security Number	
Home Address (Street)		Home Address (Street)	
City, State, Zip		City, State, Zip	
Signature	Date	Signature	Date
(Printed Name)		(Printed Name)	
Social Security Number		Social Security Number	
Home Address (Street)		Home Address (Street)	
City, State, Zip		City, State, Zip	

Quick'n Ez Contract Bond Request Form

Company Name: _____

OBLIGEE INFORMATION

Obligee Type: Federal State Private Other
Obligee Name (*Who is requiring the bond?*): _____
Obligee Address: _____
City: _____ State: _____ Zip: _____
Obligee Contact Person: _____ Obligee Email Address: _____
Obligee Phone Number: _____ Obligee Fax Number: _____

CONTRACT INFORMATION

Contract Description/ Project Title: _____
Project Location: _____
Engineers Estimate: \$ _____ Estimated Start Date: _____ Estimated Completion Date: _____
Warranty: _____ Liquidated Damages: _____ % Subcontracted _____
List of Major Subcontractors:
Name: Trade: Amount:
1 _____ \$ _____
2 _____ \$ _____
3 _____ \$ _____

BID BOND INFORMATION

Check if Bid Bond, complete below and attach copy of bid specifications along with any bid bond forms

Bid Date: _____ Bid Time: _____ Bid Bond Amount: _____
Engineers Estimate: _____

FINAL BOND INFORMATION

Check if Final Bond, complete below and attach copy of contract along with any final bond forms

Performance Bond Amount: \$ _____ Payment Bond Amount: \$ _____
Second Low Bidder Amount: \$ _____ Name: _____
Third Low Bidder Amount: \$ _____ Name: _____