



Standard Contract Surety

CAPACITY UP TO \$50,000,000

RLI's Standard contract program is designed for small and medium-size contractors. Valued contractor customers with solid credit and a good reputation will be considered for bonded aggregates up to \$50,000,000.

Submissions should include:

- 1) Contractor Questionnaire
- 2) Most recent 3 fiscal year-end CPA prepared business financial statements
- 3) Current personal financial statements from all owners
- 4) Current Work on Hand form
- 5) Most recent business tax returns
- 6) Most recent personal tax returns for all owners
- 7) For specific bond requests, a copy of the bid specifications or contract to be bonded

Upon bond acceptance, a General Indemnity Agreement will be emailed to all required parties for electronic signature, including owners and their spouses.



COMPANY INFORMATION *Already a First Step Customer? Fill out Company Name & Address and skip to page two.*

Employer I.D. Number (EIN)	Company Name		
<input type="checkbox"/> Individual or Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership	DBA Name (If Applicable)		
	Address 1		
	Address 2		
	City	State	Zip Code
	Phone Number	Website URL (Optional)	
	Year Company Formed	Prior Year Sales (\$)	

Type of Work Performed

Largest Contract:	Year Completed	Size of Project (\$)
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Description of Work

Has your company been in claim and/or denied bonding by another Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:
Does your company have any bids or unfinished contracts with other Sureties? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:
Has your company been involved in any litigation or had any liens/judgements? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:
Has your company or owners filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:

RLI Surety may obtain a credit report about the Applicant including its Owner(s) and Owner(s) spouses in order to confirm the information provided in this application and obtain information about Applicant's credit history. For new applicants a General Indemnity Agreement will need to be completed before surety credit is provided.

PRIMARY OWNER I hereby affirm that I have the power, authority and am duly authorized to execute this Agreement on behalf of the Company.

First Name	Middle (Optional)	Last Name	Suffix (Optional)	Date of Birth	SSN
Title	Ownership (%)	Owner Address			
Phone Number	Email Address	Does the Owner own their current residence? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the Owner's marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married			
Spouse's Name			Date of Birth	SSN	
Phone Number	Email Address	Is the spouse also an Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Title	Ownership (%)	

ADDITIONAL OWNER

First Name	Middle (Optional)	Last Name	Suffix (Optional)	Date of Birth	SSN
Title	Ownership (%)	Owner Address			
Phone Number	Email Address	Does the Owner own their current residence? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the Owner's marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married			
Spouse's Name			Date of Birth	SSN	
Phone Number	Email Address	Is the spouse also an Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Title	Ownership (%)	

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, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

Tell us what you need. Please attach any prequalification requirements provided by owner/contractor, bid or contract documents.

 Prequalification Letter

 Bid Bond

 Performance & Payment

 Supply

What type of letter do you need?

 Bonding Capacity Limits Only

 Owner and/or Job Specific

Name of Specific Job (Optional)

What is the name of the party to whom you are submitting the bond or prequalification letter?

Name (Owner/Contractor)

Address 1

Address 2

City

State

Zip

Please provide project details.

Estimated Start Date

Estimated Completion Date

Bid or Contract Date

Bid or Contract Amount

Bid Bond Percentage (%)

Project Description

Percent Subcontracted (%)

Liquidated Damages (\$/Day)

Maintenance Period (Months)

If Private Owner, Financing By (Optional)

Project Location

Bid Results (Optional)

Second Bidder Name

Bid Amount (\$)

Third Bidder Name

Bid Amount (\$)

PRODUCER INFORMATION

Agency Name

Agency Code

Phone

Agency Address

Contact Person

Email

Is this contractor an existing client?

Yes No

Length of Relationship

Liability Insurance Co. & Limits (Optional)

Comments/Recommendation (Optional)

This application is not intended for use in connection with Design-Build Contracts, Subdivision or Site Improvements, Hazardous Material, Completion or Multi-Year Contracts, Residential, service, or software projects. This list is subject to change and may not be all-inclusive. The Applicants and indemnitors certify the truth of all statements in the application and authorize the Company to verify this information and to obtain additional information from any source including obtaining a credit report.



Standard Application Contractor Questionnaire

Company Name

LARGEST CONTRACTS		
Contract 1: Description of Work	Year Completed	Size of Project (\$)
Contact Name	Contact Phone/Email	
Contract 2: Description of Work	Year Completed	Size of Project (\$)
Contact Name	Contact Phone/Email	
Contract 3: Description of Work	Year Completed	Size of Project (\$)
Contact Name	Contact Phone/Email	

SUPPLIERS	
Supplier 1: Name Address	Contact Phone/Email
Supplier 2: Name Address	Contact Phone/Email
Supplier 3: Name Address	Contact Phone/Email

ACCOUNTING	
Do you have a bank line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Line of Credit 1: Bank/Institution Address	Line Amount (\$)
Line of Credit 2: Bank/Institution Address	Line Amount (\$)
Line of Credit 3: Bank/Institution Address	Line Amount (\$)
Do you utilize an accounting firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name Fiscal Year End	Contact Phone/Email
Do you utilize an internal accounting software/program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	
Are both company and personal taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Explain:	

Standard Application Contractor Questionnaire

Company Name

CONTINUITY	
Is there a continuity plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Explain:	
Is there a key person life insurance policy in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Amount (\$)
Beneficiary	Type
Is there a buy-sell agreement in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROGRAM NEEDS	
Single Job Size (\$)	Aggregate Work Program (\$)
Has your company been bonded before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Explain:	
Is the full indemnity of owners and spouses available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Explain:	
Do you have a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	

KEY PERSONNEL & AFFILIATE COMPANIES		
Key Personnel 1:	Name	Position
Age	Experience	
Key Personnel 2:	Name	Position
Age	Experience	
Key Personnel 3:	Name	Position
Age	Experience	
Affiliate Company 1:	Name	Tax ID
Purpose		
Affiliate Company 1:	Name	Tax ID
Purpose		
Affiliate Company 1:	Name	Tax ID
Purpose		



Work-On-Hand Schedule

Contractor's Name: _____

Contracts In Progress Date: _____

Contract Description and Location	Contract Price Including Approved Change Orders	*Total Amount Billed To Date Including Retainage	Total Costs To Date	Revised Estimated Costs to Complete	Est. Completion Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Contracts Completed During the Last Fiscal Year Or Since Last Status of Contracts Report

Contract Description and Location	Final Contract Price	Total Cost	Gross Profit or Loss
1.			
2.			
3.			
4.			
5.			
6.			
7.			

*Do not include "claims" or "disputed items." If desired, attach an explanation.

This information prepared

By: _____

Date: _____

AGENT/BROKER INFORMATION	Agent/Broker Name	Agency Code	Phone No.	Fax No.	City	State
	AGENT'S RECOMMENDATION <input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.					

NOTE: This sample letter must be supplied to your banker. This outline must be followed and all current balances and average balances must be indicated in actual dollar amounts. Should your banker have any questions please have him/her contact your agency.

SAMPLE BANK LETTER

Bank Letterhead

Date _____

RLI Insurance Company/Contractors Bonding and Insurance Company
9025 N. Lindbergh Drive
Peoria, IL 61615

RE: BANK RELATIONS / MR. JOHN DOE AND ABC CONSTRUCTION COMPANY

Mr. John Doe originally opened his accounts with this institution on _____ and maintains the following account:

Business Checking Account: Acct. #0000000-01; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Business Checking Account: Acct. #0000000-02; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Personal Checking Account: Acct. #0000000-03; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Personal Savings Account: Acct. #1000000-01; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Certificate of Deposit in the name of _____ No. _____ Amount: \$ _____

Term: _____; Opened: _____; Matures: _____; Automatically Renewable: Yes ___ No ___

Mr. Doe also maintains a Revolving Line of Credit in the name of ABC Construction Company for working capital.

Amount: \$ _____; Opened: _____; Expiration: _____;

Security: _____

Terms: _____ Current Amt. Outstanding: \$ _____

Very truly yours,

By: _____ (Bank Officer)

(Typed Name and Title)



Personal Financial Statement

IMPORTANT: Read these directions before completing this Statement.

- If you are applying for individual credit in your own name and are relying on your own income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3.
- If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections providing information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1 and 3.

TO:

SECTION 1 - INDIVIDUAL INFORMATION (Type or Print)	SECTION 2 - OTHER PARTY INFORMATION (Type or Print)
Name	Name
Residence Address	Residence Address
City, State & Zip	City, State & Zip
Position or Occupation	Position or Occupation
Business Name	Business Name
Business Address	Business Address
City, State & Zip	City, State & Zip
Res. Phone	Res. Phone
Bus. Phone	Bus. Phone

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF _____, _____			
ASSETS (Do not include Assets of doubtful value)	In Dollars (Omit cents)	LIABILITIES	In Dollars (Omit cents)
Cash on hand and in banks	—	Notes payable to banks - secured	—
U.S. Gov't. & Marketable Securities - see Schedule A	—	Notes payable to banks - unsecured	—
Non-Marketable Securities - see Schedule B	—	Due to brokers	—
Securities held by broker in margin accounts	—	Amounts payable to others - secured	—
Restricted or control stocks	—	Amounts payable to others - unsecured	—
Partial interest in Real Estate Equities - see Schedule C	—	Accounts and bills due	—
Real Estate Owned - see Schedule D	—	Unpaid income tax	—
Loans Receivable	—	Other unpaid taxes and interest	—
Automobiles and other personal property	—	Real estate mortgages payable - see Schedule D	—
Cash value - life insurance - see Schedule E	—	Other debts - itemize	—
Other assets - itemize	—		—
	—		—
	—		—
	—		—
	—		—
	—	TOTAL LIABILITIES	—
	—	NET WORTH	—
TOTAL ASSETS	—	TOTAL LIAB. AND NET WORTH	—

SOURCES OF INCOME FOR YEAR ENDED	PERSONAL INFORMATION
Salary, bonuses & commissions \$	Do you have a will? _____ If so, name of executor.
Dividends	Are you a partner or officer in any other venture? If so, describe.
Real estate income	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe.
Other income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	Are any assets pledged other than as described on schedules? If so, describe.
TOTAL \$	Income tax settled through (date)
CONTINGENT LIABILITIES	Are you a defendant in any suits or legal actions?
Do you have any contingent Liabilities? If so, describe.	Personal bank accounts carried at:
As endorser, co-maker or guarantor? \$	
On leases or contracts? \$	
Legal claims \$	
Other special debt \$	Have you ever been declared bankrupt? If so, describe.
Amount of contested income tax liens \$	
AGENT/BROKER INFORMATION	
Agent/Broker Name	Code
Phone No.	Fax No.
	City
	State
	Zip

(COMPLETE SCHEDULES ON NEXT PAGE AND SIGN)

SCHEDULE A - U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

SCHEDULE B - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

SCHEDULE C - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type of Property	Title In Name Of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D - REAL ESTATE OWNED

Address & Type Of Property	Title In Name Of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name Of Insurance Company	Owner Of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F - BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address Of Lender	Credit In The Name Of	Secured Or Unsecured?	Original Date	High Credit	Current Balance

The undersigned hereby certifies that the list of assets and liabilities given herein is a true and correct statement of the financial condition on the date given above and that the depositories are hereby authorized to confirm any inquiry made by _____ or its representatives as to any statement made herein relative to monies on deposit or loans made.

Dated this _____ day of _____, _____.

X _____
(Sign here)

X _____
(Sign here)