



Next Step

Contract surety program with total bond needs of \$1,000,000 or less at any given time.

1. **Application** - Complete **Next Step Application**.
2. **Financial Information** - Provide:
 - Business tax return and financial statement.
 - Personal financial statement and personal tax return.
3. **Indemnity Agreement** - Must be completed and signed by all owners and spouses.
4. **Bid Requests** - Furnish a copy of the bid invitation document.
5. **Performance & Payment Bond** - Include copies of the bid results, contract documents, and any required bond forms.

This program is designed for straight-forward construction projects with completion dates of a year or less. It does not apply to subdivision/completion, service, residential, design-build, software, maintenance, multi-year or environmental contracts, with the exception of asbestos and lead based paint removal/abatement projects. This list is subject to change and may not be all-inclusive.

Producer should advise applicant that certain credit and reference checks may be made during the underwriting process.

Please submit Next Step Application and information to your local branch office or RLI/CBIC Surety at contractbonds@rlicorp.com or fax to (309) 683-1646.



Next Step Application

Small Contract Bond Program

Bonded Aggregate Programs up to \$1,000,000

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CONTRACTOR INFORMATION	Business (Legal) Name						
Business Address				City		State	Zip
Phone		Fax		E-Mail Address			
Years in Business			If Incorporated, Incorporation Date		State of Incorporation		
Subsidiaries or Affiliates							
PERSONAL INFORMATION	Indemnitor Name			Social Security No.		Date of Birth	Home Phone
Indemnitor Address/City/State/Zip						% Ownership	Indemnitor's Title
Spouse's Name (check here <input type="checkbox"/> if not married)				Social Security No.		% Ownership	Date of Birth
PERSONAL INFORMATION	Indemnitor Name			Social Security No.		Date of Birth	Home Phone
Indemnitor Address/City/State/Zip						% Ownership	Indemnitor's Title
Spouse's Name (check here <input type="checkbox"/> if not married)				Social Security No.		% Ownership	Date of Birth
JOB/PROJECT INFORMATION	Bond Type (Bid, Final)	Bid/Contract Amount	Bid Date	Project Start Date		Completion Date	Bid Bond Percentage
Maintenance Period		Liquidated Damages	Time Allowed for Completion		Performance Bond Amount	Payment Bond Amount	
Project Description (attach copy of bid invitation/specifications or contract)							
Project Location							
Obligee/Owner				Contact Person		If Private Owner, Financing by	
Obligee Address/City/State/Zip						Phone	
If this is a final bond request, list the top three bidders and their amounts							
		1. _____		_____		_____	
		2. _____		_____		_____	
		3. _____		_____		_____	
LARGEST CONTRACTS INFORMATION				List largest contracts completed:			
Largest Project 1 (Owner/General Contractor)				Location			
Type of Work			Contract Amount		Year Completed		Final Profit
Contact Person				Phone		Fax and/or Email	
Largest Project 2 (Owner/General Contractor)				Location			
Type of Work			Contract Amount		Year Completed		Final Profit
Contact Person				Phone		Fax and/or Email	
Largest Project 3 (Owner/General Contractor)				Location			
Type of Work			Contract Amount		Year Completed		Final Profit
Contact Person				Phone		Fax and/or Email	

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CURRENT JOB/PROJECT INFORMATION		List the two (2) largest contracts currently underway:			
Owner/General Contractor	Type of Work	Project Location		Contract Amount	
Contact Person	Phone	Fax and/or Email	% Complete	Anticipated Completion Date	
Owner/General Contractor	Type of Work	Project Location		Contract Amount	
Contact Person	Phone	Fax and/or Email	% Complete	Anticipated Completion Date	

SUPPLIER/SUBCONTRACTOR INFORMATION		List the major suppliers and subcontractors with whom you have conducted business in the last 12 months:			
Name of Account Payable	Amount Owed	% Over 60 Days	Contact Person	Phone	Fax or Email
Name of Account Payable	Amount Owed	% Over 60 Days	Contact Person	Phone	Fax or Email
Name of Account Payable	Amount Owed	% Over 60 Days	Contact Person	Phone	Fax or Email

OPERATIONS INFORMATION					
Type of Work Performed & Territory where presently work & plan to perform work					
Trades Performed in House			Trades Subcontracted		
Largest Work on Hand in the Past	Year	Number of Jobs	Average Job Size	Average Total Work on Hand	
Bank Line <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Amount	Amount Available Currently		
Name of Liability Insurance Company		Expiration Date	Limits		
Agent's Name		Agent's Phone	Agent's Email		

DISPUTES, FINANCIAL DIFFICULTIES, PROBLEMS, ETC.			Company		Any officer, owner or partner	
1. Any company or personal assets held in trust or escrow accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are any business or personal assets restricted or pledged for any purpose (i.e. collateral for a loan, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Bonded or declined bonding in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has this specific request been submitted to or declined by another surety?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Been in claim previously with a surety?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Involved in any lawsuits or disputes in past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Failed to complete any job or assessed delay damages or penalties?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Declared personal or business bankruptcy or failed in any business?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Delinquent in payment of any taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Involved in any other business entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For any **YES** answer, provide complete details or copies of correspondence explaining all:

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 authorize you to investigate the credit, character, capacity and capital of the company and its employees and owners for bonding purposes.

Date _____ Signature and Title **X** _____

PRODUCER INFORMATION	Agency Name	Code	Phone	Fax	E-mail
Agency Address					Contact Person

AGENT'S RECOMMENDATION:	Comments:
<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.	_____

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.