







For This Program: **HP BOND PROGRAM APPLICATION**

- Complete & Submit this Application
 Attach Corresponding Information based on page 3
 Attach Copy of your Bid Specifications or Contract

CONTRACTOR INFORMATION	Business (Legal) Name												
Business Address						City				State		Zip	
Phone	Fax E-Mail				ail Address								
Years in Business			If Incorpora	ated, Inco	Incorporation Date State of In				f Incorporation				
Subsidiaries or Affiliate	es												
PERSONAL Indemnitor Name So				Soc	Social Security No.			Date of	Date of Birth		Home Phone		
Indemnitor Address/Ci	ty/State/2	Zip		•					% Ownership		Indemnitor's Title		
Spouse's Name (check here if not married)				Soc	Social Security No.			% Owne	% Ownership		Date of Birth		
PERSONAL INFORMATION	Indemn	itor Name		Soc	Social Security No.			Date of	Date of Birth		Home Phone		
Indemnitor Address/Ci	ty/State/2	Zip						% Owne	% Ownership		Indemnitor's Title		
Spouse's Name (check here if not married)					ial Sec	urity No.	% Ownership			Date of Birth			
JOB/PROJECT INFORMATION	Bond T	Bond Type (Bid, Final) Bid/Contract Amo			Bid	Date	Project Start Date		Co	mpletio	on Date	Bid Bond %	
Maintenance Period		Liquidated Damages Time Allov			ved for Completion Performa			ormance Bond	ance Bond Amount		Payment Bond Amount		
Project Description (attach copy of bid invitation/specifications or contract)													
Project Location													
Obligee/Owner Contact Person			erson				If Private	If Private Owner, Financing by					
Obligee Address/City/State Zip					Pho				Phone				
If this is a final bond request, list the top Three bidders and their amounts 2. 3.													
LARGEST CONTRACTS INFORMATION List largest contracts completed:													
Largest Project 1 (Own	ner/Gene	ral Contractor)	,	J		_ocation							
Type of Work			C	ontract Amount Y		Year Comple	ear Completed		Final Profit				
Contact Person				•	Phone				Fax and/or Email				
Largest Project 2 (Owner/General Contractor)					L	_ocation							
Type of Work				C	Contract Amount Ye			Year Comple	ear Completed			Final Profit	
Contact Person				·	Phone				Fax and/or Email				

				T									
CURRENT JOB/PRO	JECT IN	FORMATION	NC	List the two (2) la	argest contracts cur	rently un	derway:						
Owner/General Contractor		Type of Work			Project Location			Contract Amount					
Contact Person Phone			Fax and/or Email				%	6 Complete Anticipated Completi			letion Date		
Owner/General Contractor Type of Wo			rk Projec		Project Location				Contract Amount				
Contact Person Phone				Fax and/or Er	nail	%			6 Complete Anticipated Compl			letion Date	
SUPPLIER/SUBCONT	TRACTO	R INFOME	RATIC		ajor suppliers and s	ubcontra	ctors wit	h who	om you	have cond	ducted bu	siness in	
Name of Account Payable Amount Owed				the last 12 6 Over 60 Days	Contact Person			Phone			Fax or E	 mail	
Name of Account Payable	Amou	ınt Owed	9	% Over 60 Days	Contact Person	Phone				Fax or Email			
-	Amou	ınt Owed	•		Contact Person				Dhara			Fax or Email	
Name of Account Payable			,	6 Over 60 Days	Contact Person		Phone Fax or E				rax oi E	IIali	
OPERATIONS INFOR													
Type of Work Performed & T	Territory wh	here presently	y work 8	& plan to perform v	vork								
Trades Performed in House			Trades Subcontracted										
Largest Work on Hand in the	e Past	Year	Numb	er of Jobs	Average Job Size			Average Total Work on Hand					
Bank Line Yes No				Total Amount			Amount Available Currently						
Name of Liability Insurance Company				Expiration Date			Limits						
Agent's Name				Agent's Phone			Agents Email						
DISPUTES, FINANCIA	AL DIFFI	ICULTIES,	PRO	BLEMS, ETC.			Compa	ıny		Any Off	ficer, own	er, partner	
Any company or persor	nal assets l	held in trust o	r escrov	v accounts?			Yes		No		Yes	No	
Are any business or personal assets restricted or pledged for any p for a loan, etc.)?					e (i.e. collateral	Yes		No		Yes	No		
3. Bonded or declined bonding in last 3 years?							Yes		No		Yes	No	
4. Has this specific request been submitted to or declined by another sur-					? Yes			No		Yes	No		
5. Been in claim previously			Yes		No		Yes	No					
6. Involved in any lawsuits	or dispute	es in past 5 ye	ears?		Yes				No		Yes	No	
7. Failed to complete any	job or asse	essed delay d	amages	s or penalties?	Yes				No		Yes	No	
Declared personal or business bankruptcy or failed in any business'							Yes		No		Yes	No	
Delinquent in payment of			Yes		No		Yes	No					
10. Involved in any other business entities?							Yes		No		Yes	No	
For any YES answer, pro	ovide com	plete detaile	ed or co	opies of correspo	ondence explainir	ng all:							
The following	ng stateme	ent must be s	signed	by an owner or of	fficer of the compa	any for v	vhich bo	ndin	g is be	ing reque	sted.		
I acknowledge that all in understand that false inf and capital of the compar	nformation formation	n is comple may constit	ete and tute mi	correct and is srepresentation	given to induce or fraud. I author	the ins	urance	com	pany	to execut	te surety		
Date			Si	gnature & Title									
PRODUCER A	gency Nan	ne	•	Code	Phone		Email						
		our Group,	LLC		410-876-9610)		@th	nebarb	ourgrou	p.com		
Agency Address	estminet	er MD 211	157				Contact						

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.

HENSEL PHELP	S RECOMMENDATION						
Years' Experience with	h Subcontractor:		HP Prequalifi	cation Done:	Yes	No	
Program Recommend	ation:	_					
Completed							
By:		, HP Proje	ct Manager	Best Contact Nu	ımber:		

HENSEL PHELPS ASSISTANCE PROGRAM ACKNOWLEDGEMENT

Subcontractor agrees that Program Team may be required to share confidential information pertaining to Subcontractors under the Program on an as-needed basis, and vice versa, as appropriate. By entering into this program, the Subcontractor agrees to allow for the release and exchange of such information among the Program Team notwithstanding the parties' obligations not to disclose confidential information under this program, the Privacy Act, or any other laws which could restrict or prohibit the Program Team from sharing confidential information pertaining to a subcontractor under the Program.

Signature of Authorized Party for Subcontractor:		
Signature:	Date:	
Name:		

Tier One - Contract Amount \$400,000 or less

- Completed Application
- · Copy of contract and bid results
- Latest available corporate tax return
- Acceptable credit scores
- Potential use of funds control and/or SBA Program, to be determined by underwriter

Tier Two - Contract Amount is over \$400,000 and up to \$1,000,000

- Completed Application
- Copy of contract and bid results
- Latest available corporate tax return
- Acceptable credit scores
- Last three years corporate financial statements. Solid in-house presentation is acceptable. Externally prepared CPA statements are preferred.
- Personal financial statements Liquid personal assets can be included in the underwriting
- Potential use of funds control and/or SBA Program, to be determined by underwriter

Tier Three - Contract Amount is over \$1,000,000 and up to \$2,000,000

- Completed Application
- Copy of contract and bid results
- Latest available corporate tax return
- Acceptable credit scores
- Last three years corporate financial statements. Externally prepared CPA statements are preferred.
- · Personal financial statements
- Potential use of funds control and/or SBA Program, to be determined by underwriter