



RGarrison Strategic Risk Management

**Small Contractor Bond Program - Projects up to \$150,000
(Single or Aggregate Line)**

SUBMISSION INSTRUCTIONS

1. **Application** - to expedite the process, please have applicant complete the application in its entirety.
2. **Contract Agreement** - A copy of the entire agreement is necessary to determine project acceptability.

The following types of contract work cannot be considered: Subdivision, Completion, Asbestos Abatement, Hazardous Materials, Stand Alone Maintenance Contracts, Site Improvement, Multi-Year Service, or Computer Software Programs.

Producer should advise their applicant that certain credit and reference checks may be made during the underwriting process. Applicant should contact their bank authorizing release of any banking information should RGarrison Strategic Risk Management make such a request.

To submit, all information should be sent to RGarrison Strategic Risk Management by facsimile to: 951-200-6901



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CONTRACTOR INFORMATION	Business (Legal) Name				<input type="checkbox"/> Individual <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> LLP	
Business Address			City		State	Zip
Phone		Fax		Date Business Form		
Business Net Worth		# of Projects to Complete		Value of Work on Hand (Cost to Complete)		
Bank Name			Phone		Contact Person	
Bank Address						
Please list largest completed contracts below:						
Largest Project 1			Amount	Contact Person		Phone
Largest Project 2			Amount	Contact Person		Phone
Indemnitor Name			Social Security No.	Spouse's Name		Social Security No.
Indemnitor Address/City/State/Zip						
Percentage of Ownership			Home Phone		Indemnitor's Net Worth	
Indemnitor Name			Social Security No.	Spouse's Name		Social Security No.
Indemnitor Address/City/State/Zip						
Percentage of Ownership			Home Phone		Indemnitor's Net Worth	
JOB/PROJECT INFORMATION	Bid/Contract Amount		Bond Type (Bid, Final)		Bid Date	Bid Bond Percentage
Project Start Date		Completion Date		Maintenance Period		Liquidated Damages
Project Description						
Project Location						
Obligee Name				Contact Person		Phone
Obligee Address/City/State/Zip						
PRODUCER INFORMATION	Agency Name		Code	Phone	Fax	Contact Person
Agency Address/City/State/Zip						
E-mail						
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.				_____ _____ _____		