







# 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 Incorporated, Inc.					ncorporation Date State			State of Inco	poratio	n		
Subsidiaries or Affiliate	es											
PERSONAL INFORMATION					Social Security No.			Date of	Date of Birth		Home Phone	
Indemnitor Address/City/State/Zip								% Owne	% 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	ocial Security No.			Date of	Date of Birth		Home Phone	
Indemnitor Address/City/State/Zip						% Owner			ership	ship Indemnitor's		tle
Spouse's Name (check here if not married)					ial Sec	urity No.		% Owne	Date of Birth			
JOB/PROJECT INFORMATION	Bond T	ype (Bid, Final)	Bid/Contract	Amount	Bid	Date	Pro	oject Start Dat	e Co	mpletio	on Date	Bid Bond %
Maintenance Period		Liquidated Dama	ages Tim	e Allowed	for Co	ompletion	Perf	ormance Bond	Amou	nt F	Payment Bo	and Amount
Project Description (attach copy of bid invitation/specifications or contract)												
Project Location												
Obligee/Owner Contact Person				erson				If Privat	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  2.  3.												
LARGEST CONTRACTS INFORMATION List largest contracts completed:												
Largest Project 1 (Owner/General Contractor)  Location												
Type of Work			С	ontract	ct Amount Year		Year Comple	ar Completed		Final Profit		
Contact Person			•	Phone			Fax	Fax and/or Email				
Largest Project 2 (Owner/General Contractor)					L	Location			•			
Type of Work				С	Contract Amount Ye			Year Comple	ear Completed		Final Profit	
Contact Person				l	Phone				Fax and/or Email			

				1								
CURRENT JOB/PRO	JECT IN	FORMATION	ON	List the two (2) la	argest contracts curi	rently un	derway:					
Owner/General Contractor		Type of Work			Project Location			Contract Amount				
Contact Person Phone			Fax and/or Email				%	Comp	Complete Anticipated Completion			letion Date
Owner/General Contractor Type of Wo			ork	rk Project Locat			Contract Amount			t		
Contact Person Phone				Fax and/or Email			%	Comp	olete	te Anticipated Completion Date		
SUPPLIER/SUBCONT	RACTO	R INFOME	RATIC		ajor suppliers and s	ubcontra	ctors with	h who	m you	have cond	ducted bu	siness in
Name of Account Payable	-	int Owed		the last 12  Over 60 Days	Contact Person			Phon	e		Fax or E	 mail
Name of Account Payable	nt Payable Amount Owed			% Over 60 Days	Contact Person			Phone			Fax or E	
	le Amount Owed											
Name of Account Payable	Amou	int Owed	9	% Over 60 Days	Contact Person			Phone			Fax or Email	
OPERATIONS INFOR	MATION	1	•				-					
Type of Work Performed & T	Territory wl	here presently	y work 8	& plan to perform v	vork							
Trades Performed in House					Trades Subcontra	acted						
Largest Work on Hand in the Past Year				Number of Jobs Average Job Size			Average Total Work on Hand			and		
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 DIFF	ICULTIES,	PRO	BLEMS, ETC.			Compa	ny		Any Off	icer, own	er, partner
Any company or personal assets held in trust or escrow accounts?							Yes		No	,	Yes	No
2. Are any business or personal assets restricted or pledged for any purpose for a loan, etc.)?					e (i.e. collateral		Yes		No	,	Yes	No
Bonded or declined bon			Yes		No	,	Yes	No				
4. Has this specific reques	?		Yes		No	,	Yes	No				
5. Been in claim previously			Yes		No	,	Yes	No				
6. Involved in any lawsuits			Yes		No	,	Yes	No				
7. Failed to complete any			Yes		No	,	Yes	No				
Declared personal or but			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 <b>YES</b> answer, pro	vide com	plete detaile	ed or c	opies of correspo	ondence explainir	ng all:						
The following	g stateme	ent must be s	signed	by an owner or o	fficer of the compa	ny for v	vhich bo	nding	j is be	ing reques	sted.	
I acknowledge that all in understand that false information and capital of the compare	nformatio ormation	n is comple may constit	ete and tute mi	d correct and is srepresentation	given to induce or fraud. I author	the ins	urance	com	oany 1	to execut	e surety	
Date			Si	gnature & Title								
PRODUCER A	gency Nar	ne		Code	Phone	Phone Email						
					410-876-9610				en@thebarbourgroup.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 PHELPS RECO	OMMENDATION				
Years' Experience with Subcon	HP Prequalit	fication Done:	Yes	No	
Program Recommendation:					
Completed		11D D : 1M	D 10 1 1N		
By:		, HP Project Manager	Best Contact Nur	nber: _	

#### 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 Autho	orized 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