Tel: (619) 670-1136 Toll Free: (800) 622-6637 Fax: (619) 670-5026 Email: bondpro1@cox.net



In less than three (3) minutes, pre-qualify your customer for contract surety bonds up to \$250,000 using HCC Surety Online!

The HCC Surety Group (HCCS) Quick'n Ez program excludes the following

- Projects where the time for completion is greater than 12 months from bond issuance;
- Projects where the maintenance/ warranty period exceeds 12 months;
- Projects that include demolition, boat or yacht construction, information technology contracts (software or hardware), dredging, drilling, hazardous materials/environmental, swimming pools, fuel tanks, tennis courts, timber;
- Projects that are performed on, in, or under water;
- Projects where the bid spread exceeds 15% percent;
- Projects that include delay damages of greater than \$1,000 per day;
- Projects where the scope of the work involves an indefinite quantity;
- Principals who have previous or current (asserted and unasserted) claims with HCCS or another surety.
- Completion bonds (including Subdivision and Grading);
- Projects requiring dual or financial institutions named as obligee; and
- Principals with open bonds through another surety.

Should you have any questions regarding any portion of this application process

Please call 1-800-787-3896

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Quick'n Ez Contract Pre-Qualification Application

For HCC Surety Online Contract Bonds up to \$250,000

| | Proprietorship | □ Partnership | Corporation | ☐ LLC | | LLP | ☐ Other |
|--|----------------|---|---|---|-----------|----------------|---------|
| Company Name: | | | | | | | |
| Street Address: | | | | | | | |
| City: | | State: | Zip: | Tax ID | #: | | |
| Telephone Number: | | Mobile I | Number: | | | | |
| | | | ddress: | ess: | | | |
| | | | Contractors License Number: | | | State: | |
| Current Surety: Comple | | | leted Bonded Job / Year Completed: | | | | |
| Number of Owners: | | elow for each owner: | | | | | |
| Name: | | | | % Owr | ership: | | |
| Name: | | | | % Owr | ership: | | |
| Nama: | | | | % Owr | ership: | | |
| Name:List any Additional Name(s): | | | OR INFORMATION | | | | |
| List any Additional Name(s): | | INDEMNITO | OR INFORMATION | | Date of I | Qirth: | |
| List any Additional Name(s): | | INDEMNITO | OR INFORMATION SSN: | | Date of E | | |
| List any Additional Name(s): Indemnitor Name: Married? If Yes, Spouse Name: | | INDEMNITO | SSN: SSN: | | Date of E | Birth: | |
| List any Additional Name(s): Indemnitor Name: Married? If Yes, Spouse Name: Residential Address: | | INDEMNITO | OR INFORMATION SSN: | | _ | | |
| List any Additional Name(s): Indemnitor Name: Married? If Yes, Spouse Name: Residential Address: Purchase Date: | Mo | INDEMNITO | SSN: SSN: City: | State: | Date of E | Birth: | |
| Indemnitor Name: Married? If Yes, Spouse Name: Residential Address: Purchase Date: Purchased Price: \$ | Mo | INDEMNITO | SSN: SSN: City: | | Date of I | Birth: | |
| | Mo | INDEMNITO rtgage Lender: rket Value: \$ | SSN: SSN: City: | State: | Date of I | Birth: | |
| Indemnitor Name: Married? If Yes, Spouse Name: Residential Address: Purchase Date: Purchased Price: Name of Personal Bank: | Mo | INDEMNITO rtgage Lender: rket Value: \$ | SSN: SSN: City: M Savings Account Balance: | State: ortgage Balance: | Date of E | Birth: Zip: | s 🗆 No |
| Indemnitor Name: Married? If Yes, Spouse Name: Residential Address: Purchase Date: Purchased Price: \$ Name of Personal Bank: Checking Account Balance: | Mo | INDEMNITO rtgage Lender: rket Value: \$ | SSN: SSN: City: M Savings Account Balance: | State: ortgage Balance: \$ sonal Assets Held in | Date of B | Birth: Zip: | s 🗖 No |

FRAUD NOTICE: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tel: (619) 670-1136
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| Signature | Date | Signature | Date |
|------------------------|------|------------------------|------|
| (Printed Name) | | (Printed Name) | |
| Social Security Number | | Social Security Number | er |
| Home Address (Street) | | Home Address (Street) |) |
| City, State, Zip | | City, State, Zip | |
| Signature | Date | Signature | Date |
| (Printed Name) | | (Printed Name) | |
| Social Security Number | | Social Security Number | er |
| Home Address (Street) | | Home Address (Street) |) |
| City, State, Zip | | City, State, Zip | |
| Signature | Date | Signature | Date |
| (Printed Name) | | (Printed Name) | |
| Social Security Number | | Social Security Number | er |
| Home Address (Street) | | Home Address (Street) |) |
| City, State, Zip | | City, State, Zip | |

Quick'n Ez Contract Bond Request Form

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For HCC Surety Online Contract Bonds up to \$250,000

| Company Name: | | | | | | | | | |
|---------------------------------|------------------------------|--|----------------------|----------------------------|--|--|--|--|--|
| | | | | | | | | | |
| OBLIGEE INFORMATION | | | | | | | | | |
| Obligee Type: | ☐ Federal | ☐ State | □ Private | Other | | | | | |
| Obligee Name (Who is requiring | ng the bond?): | | | | | | | | |
| Obligee Address: | - | | | | | | | | |
| City: | | | | Zip: | | | | | |
| Obligee Contact Person: | | | | | | | | | |
| Obligee Phone Number: | | Obligee Fax Number: | | | | | | | |
| | | CONTRACT INFO | ORMATION | | | | | | |
| Contract Description/ Project T | Fitle: | | | | | | | | |
| Project Location: | _ | | | | | | | | |
| Engineers Estimate: \$ | | Estimated Start Date: | | Estimated Completion Date: | | | | | |
| | Liquidated Dan | - | 0/ | Subcontracted | | | | | |
| List of Major Subcontractors: | Elquidatod Ball | <u>. </u> | | - Caboonia a 6.0 a | | | | | |
| Name: | | Trade: | | Amount: | | | | | |
| 1 | | | | \$ | | | | | |
| 2 | | | | <u> </u> | | | | | |
| 3 | _ | | | \$ | | | | | |
| | | | | <u> </u> | | | | | |
| | | BID BOND INFO | RMATION | | | | | | |
| Chook if Pid Pond, com | plete below and attach copy | | | armo. | | | | | |
| | | • | | oms | | | | | |
| | Bid Time: | E | Bid Bond Amount: _ | | | | | | |
| Engineers Estimate: | | | | | | | | | |
| | | | | | | | | | |
| | | INAL BOND INF | | | | | | | |
| ☐ Check if Final Bond, cor | mplete below and attach copy | of contract along with a | any final bond forms | | | | | | |
| Performance Bond Amount | :: <u>\$</u> | F | Payment Bond Amo | unt: <u>\$</u> | | | | | |
| Second Low Bidder Amoun | it: <u>\$</u> | N | lame: | | | | | | |
| Third Low Bidder Amount: | \$ | N | Name: | | | | | | |