



Ullico Casualty Company

Union Wage and Welfare Bond Application
 1625 Eye Street NW
 Washington, D.C. 20006

I Business Information			
Description:	Bond Amount:	Effective Date:	Bond Term:
Union Name:		Phone Number:	
Union Address:		Union Contact:	
Type Name exactly as it is to appear on the bond (Applicant):			
Business Address:			
Tax ID:			
Phone:		Email Address:	
Applicant is (select one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC			
Date Business Commenced:		Number of years in Business:	
Annual Gross Revenue for Most Recent Fiscal Year End (Amount / Year End):			
Net Worth as of Most Recent Fiscal Year End (Amount / Year End):			
Number of Employees:			
Owner's Name:		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse Name:		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is your credit? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Challenged <input type="checkbox"/> I am not sure			

II Bond Information	
<u>Underwriting Questions</u>	
Does applicant have any other Surety Bonds in force with any other Surety Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever had an application for a bond declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been compromised with creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever defaulted on a contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever caused a Surety to suffer a loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there ever been a claim or legal action against any bond executed on applicant's behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant or any affiliates have any pending lawsuits, unsatisfied judgments or liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant or affiliates ever declared bankruptcy or become insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the bond guarantee coverage for more than one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to any of the above questions, please attach a detailed explanation	
Has applicant continuously been in business under the current ownership for at least three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been current with your Wage & Welfare Payments over the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do all owners who are individuals own a home? Yes No

III Principals of Applicant

Name & Title	DOB	SSN	Spouse Name	% Owned	Yrs w/Applicant	Yrs in Occupation

IV Business Management

Does Applicant prepare any of the following (please check where applicable):

Monthly Balance Sheet

Monthly Profit and Loss Statement

Quarterly Cash Flow Analysis

Create and Monitor a Fiscal Budget

Monthly Aging of Accounts Receivable

V Information Requirements

Last three (3) CPA Fiscal Year End Statements

Most recent in house balance sheet and profit and loss statement

Copy of latest Federal Tax for applicant

Current Personal Financial Statement and most recent federal tax return

Current Bank Line of Credit

Resumes of Key Personnel

Current aging of accounts receivable and accounts payable

Copy of requested Bond

Important Information—PLEASE READ

1. All bonds must be paid in full before the release of the bond unless other arrangements have been made.
2. Applicant and all owners of applicant must sign General Indemnity Agreement and have signatures notarized.
3. All bonds / bond approval is subject to final underwriting approval.