

CUMBERLAND SURETY, INC.

367 West Short Street, Lexington, KY 40507 (859) 254-8622



ADMINISTRATIVE APPLICATION

Date: _____

Agent/Producer: _____

1. Name of Company: _____ Year Business Started: _____

2. Mailing Address: _____

City: _____ State: _____ Zip: _____

3. Physical Address (if different from above) _____

City: _____ State: _____ Zip: _____

4. Phone: (____) _____ Fax: (____) _____ Contact Person: _____

5. Business Type:

- Sole Proprietorship "C" Corporation Limited Liability Company Limited Liability Partnership
 Partnership "S" Corporation Other, Describe _____

6. State of Organization: _____ State(s) of Operation: _____

7. Federal I.D. number (E.I.N.) _____

8. List corporate officers, partners or proprietors of the Company:

Name	Social Security #	Position	% Owned	Name of Spouse

9. Will all of the above individuals and their spouses personally indemnify the Surety Company? Yes No

10. Bond line Requested \$ _____

- Dollar Amount that is new: \$ _____
- Dollar Amount on existing bond(s) to be substituted: \$ _____

11. Taking all factors into consideration, what are the anticipated bonding needs of the Company?

Amount: \$ _____ Single Project Maximum Size: \$ _____

12. Type of Bonds needed: Reclamation Workers Comp Coal Supply Transportation

Other (Explain) _____

13. Average Annual Production _____ % Sold under Contract (attach terms of Contract)

_____ % Sold under Purchase Order
(Attach terms of Purchase Order)

_____ % Sold under Spot Market

14. Has the firm or any of its owners ever been involved in a business or project failure, which resulted in bankruptcy or a loss to a Surety Company? Yes No If yes, provide a written explanation and attach to this application.

15. Is the Company or any of its owners involved in any present or pending litigation (including divorce proceedings) or other legal or criminal proceedings? Yes No If yes, provide a written explanation and attach to this application.

16. Has the Company or any of its owners been bonded before? Yes No

Company / Person Bonded	Type of Bond(s)	Surety Company	Amount

17. Any Collateral posted? Yes No If Yes, Amount \$ _____ Has it been released? Yes No

18. List all affiliated companies:

Legal Name	Ownership Name	Type of Business

19. Do you lease equipment? Yes No If yes, what type of lease? _____

20. Is your Company Union? Yes No

21. The company's financial information is prepared by: CPA PA Other Describe _____

- Name of Accounting Firm: _____
- Address: _____
- Contact Person: _____ Phone #: (____) _____

22. What type of financial statements is prepared at fiscal year end?

CPA Audit CPA Review CPA Compilation Other Describe _____

23. Name of Bank: _____

- Address: _____
- Contact Person: _____ Phone: (____) _____

24. UCC Filing? Yes No Basis of Security: _____

25. Attach a complete list of bonds required with the exact company name, permit number, state, acreage and/or other pertinent information required on the bond form.

26. Attach a complete list of existing bonds with company name, permit number, state, acreage and/or other pertinent information required on the bond.

27. Attach to this application a detailed list of equipment with description, value and date of purchase.

28. Attach to this application a list of your major suppliers (no less than three) with Vendor Name, Contact Name, Address and Phone Number.

29. Attach to this application Corporate Financial Statements (2 years).

30. Attach to this application Personal Financial Statements (if applicable).

31. Attach a list of the names and principal residence addresses of each individual who will provide personal indemnity.

32. Attach to this application any information that you feel would assist in the evaluation and understanding of the company(s) and bond(s) requested.

If any person knowingly (and with intent to injure, defraud or deceive, an insurance company or other person) files an application for insurance containing materially false information; or, if any person conceals (so as to mislead) information concerning any fact material to an insurance application; then this person has committed a fraudulent insurance act, which is a crime.

I authorize Cumberland Surety, Inc. and Lyndon Property Insurance Company to perform ongoing checks of credit, banking and business references along with site inspections of our projects. I authorize these references to provide such information on the company and its principals. It is understood that the information provided here is true, correct and complete to the best of my knowledge.

Completed By: _____ Title: _____ Date: _____

