

Surety Group Contract Quick'n Ez Program

The Quick'n Ez program is intended for contractors with smaller bond limits and infrequent bonding needs. This approach allows you to Pre-Qualify contracts up to \$250,000 with minimal information through Surety Online.

Program Details

- Instantly Pre-Qualify contractors up to \$250,000 single/aggregate limit
- Aggregate limits in excess of \$250,000
- Electronically sign the Quick'n Ez General Indemnity Agreement

Program Exclusions

- 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.

Next Steps

- Submit the Pre-Qualification online
- A contract underwriter will contact you directly to provide underwriting details.

Questions? Contact your local underwriter today.



Quick'n Ez Pre-Qualification

PreQual ID:

CONTRACTOR INFORMATION			
COMPANY NAME (EXACTLY AS IT APPEARS ON BOND)			OWNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP
COMPANY ADDRESS/ CITY/STATE/ ZIP			HOW LONG UNDER CURRENT OWNERSHIP
CONTRACTOR LICENSE NUMBER	LICENSE STATE	TAX ID	BUSINESS TELEPHONE

EXPERIENCE		
MOST RECENT SURETY RELATIONSHIP	LARGEST COMPLETED BONDED JOB AMOUNT \$	YEAR COMPLETED
TYPE OF CONSTRUCTION PERFORMED		

OWNER/ INDEMNITOR INFORMATION							
	NAME	SSN	DOB	OWNERHSIP %	OWNER SINCE	YEARS IN CONSTRUCTION	ANNUAL INCOME
	OWNER NAME						\$
	SPOUSE NAME (if married)						\$
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PRIMARY HOME ADDRESS/ CITY / STATE/ ZIP					ASSETS HELD IN TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO	PERSONAL NET WORTH \$
	OWNER NAME						\$
	SPOUSE NAME (if married)						\$
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	PRIMARY HOME ADDRESS/ CITY / STATE/ ZIP					ASSETS HELD IN TRUST? <input type="checkbox"/> YES <input type="checkbox"/> NO	PERSONAL NET WORTH \$

ATTACH ADDITIONAL SHEETS FOR MORE OWNERS

BOND REQUEST			
<i>SUBMIT BOND REQUEST DETAIL IF AVAILABLE. IF SUBMISSION IS PRE-QUALIFICATION FOR FUTURE BONDING, CHECK HERE</i> <input type="checkbox"/>			
JOB LEGAL DESCRIPTION AND LOCATION			
OBLIGEE NAME		OBLIGEE CONTACT PERSON	OBLIGEE EMAIL ADDRESS
OBLIGEE ADDRESS/ CITY/STATE/ ZIP			OBLIGEE PHONE NUMBER
ESTIMATED START DATE	ESTIMATED COMPLETION DATE	MAINTENANCE/ WARRANTY PERIOD	LIQUIDATED DAMAGES \$
LIST OF MAJOR SUBCONTRACTORS	CONTRACTOR NAME	TRADE	AMOUNT \$
	CONTRACTOR NAME	TRADE	AMOUNT \$
	CONTRACTOR NAME	TRADE	AMOUNT \$
COMPLETE FOR BID BOND		COMPLETE FOR FINAL BOND	
BID DATE		CONTRACT PRICE \$	CONTRACT SIGN DATE
ESTIMATED TOTAL AMOUNT OF BID \$		<input type="checkbox"/> PERFORMANCE & PAYMENT BOND <input type="checkbox"/> SUBCONTRACTOR PERFORMANCE & PAYMENT BOND	<input type="checkbox"/> STAND ALONE MAINTENANCE BOND <input type="checkbox"/> SUPPLY BOND
ENGINEERS ESTIMATE \$		BID SECURED BY <input type="checkbox"/> CHECK <input type="checkbox"/> BOND <input type="checkbox"/> OTHER (provide details)	
BID % OR FLAT AMOUNT		SECOND LOW BIDDER AMOUNT \$	THIRD LOW BIDDER AMOUNT \$
BOND FORM <input type="checkbox"/> SURETY FORM <input type="checkbox"/> AIA FORM <input type="checkbox"/> OBLIGEE FORM (please attach)		BOND FORM <input type="checkbox"/> SURETY FORM <input type="checkbox"/> AIA FORM <input type="checkbox"/> OBLIGEE FORM (please attach)	

Blanket Authorization Form

Authority is hereby granted to any Individual, Firm or Corporation and any financial institution to furnish Tokio Marine HCC - Surety Group upon its request, with any information concerning or pertaining to the undersigned's financial standing, credit or manner of meeting obligations. A copy of this agreement shall be considered the same as the original. This authorization is to remain in force until rescinded by the applicant in writing.

Signature *Date*

(Printed Name)

Social Security Number

Home Address (Street)

City, State, Zip

Signature *Date*

(Printed Name)

Social Security Number

Home Address (Street)

City, State, Zip

Signature *Date*

(Printed Name)

Social Security Number

Home Address (Street)

City, State, Zip

Signature *Date*

(Printed Name)

Social Security Number

Home Address (Street)

City, State, Zip

Signature *Date*

(Printed Name)

Social Security Number

Home Address (Street)

City, State, Zip

Signature *Date*

(Printed Name)

Social Security Number

Home Address (Street)

City, State, Zip



Fraud Warnings and Privacy Policy

Fraud Warnings

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.



TOKIO MARINE
HCC

Fraud Warnings and Privacy Policy

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Material misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO NEW YORK APPLICANTS:

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 information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Privacy Policy

Here at Tokio Marine HCC – Surety Group we know that your privacy is important to you, which makes it important to us. In support of changes to data privacy laws, we've made updates to our Privacy Policy and want to make sure you are aware of our updates. The new version of our privacy policy is available at www.tmhcc.com/en-us/legal/privacy-policy.