



# Lifesaver PLUS Program

Phone: 800-645-2402 Fax: 309-683-1646  
Email: [lifesaverbonds@rlicorp.com](mailto:lifesaverbonds@rlicorp.com)

**Please follow these instructions when the bond now requested plus any work the contractor has left to complete exceeds \$250,000.**

1. **Application** - Complete **Lifesaver PLUS Application**.
2. **Financial Information** - Provide:
  - Business tax return and financial statement.
  - Personal financial statement and personal tax return.
3. **Indemnity Agreement** - Must be completed and signed by all owners and spouses.
4. **Bid Requests** - Furnish a copy of the bid invitation document.
5. **Performance & Payment Bond** - Include copies of the bid results, contract documents, and any required bond forms.

This program is designed for straight-forward construction projects with completion dates of a year or less. It does not apply to subdivision/completion, service, residential, design-build, software, maintenance, multi-year or environmental contracts, with the exception of asbestos and lead based paint removal/abatement. This list is subject to change and may not be all-inclusive.

Producer should advise applicant that certain credit and reference checks may be made during the underwriting process.

Please submit Lifesaver PLUS Application and information to RLI Surety at [lifesaverbonds@rlicorp.com](mailto:lifesaverbonds@rlicorp.com) or fax to (309) 683-1646.



# Lifesaver PLUS Application

## Small Contractor Bond Program

For Bonded Aggregate Programs up to \$1,000,000

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Email: lifesaverbonds@rlicorp.com

<b>CONTRACTOR INFORMATION</b>	Business (Legal) Name							
Business Address					City		State	Zip
Phone		Fax		E-Mail Address				
Years in Business			If Incorporated, Incorporation Date			State of Incorporation		
Subsidiaries or Affiliates								
<b>PERSONAL INFORMATION</b>	Indemnitor Name				Social Security No.		Date of Birth	Home Phone
Indemnitor Address/City/State/Zip							% Ownership	Indemnitor's Title
Spouse's Name (check here <input type="checkbox"/> if not married)					Social Security No.		% Ownership	Date of Birth
<b>PERSONAL INFORMATION</b>	Indemnitor Name				Social Security No.		Date of Birth	Home Phone
Indemnitor Address/City/State/Zip							% Ownership	Indemnitor's Title
Spouse's Name (check here <input type="checkbox"/> if not married)					Social Security No.		% Ownership	Date of Birth
<b>JOB/PROJECT INFORMATION</b>	Bond Type (Bid, Final)	Bid/Contract Amount	Bid Date	Project Start Date		Completion Date		Bid Bond Percentage
Maintenance Period		Liquidated Damages	Time Allowed for Completion		Performance Bond Amount		Payment Bond Amount	
Project Description (attach copy of bid invitation/specifications or contract)								
Project Location								
Obligee/Owner				Contact Person			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								
1. _____								
2. _____								
3. _____								
<b>LARGEST CONTRACTS INFORMATION</b>				List largest contracts completed:				
Largest Project 1 (Owner/General Contractor)				Location				
Type of Work			Contract Amount		Year Completed		Final Profit	
Contact Person				Phone		Fax and/or Email		
Largest Project 2 (Owner/General Contractor)				Location				
Type of Work			Contract Amount		Year Completed		Final Profit	
Contact Person				Phone		Fax and/or Email		
Largest Project 3 (Owner/General Contractor)				Location				
Type of Work			Contract Amount		Year Completed		Final Profit	
Contact Person				Phone		Fax and/or Email		

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<b>CURRENT JOB/PROJECT INFORMATION</b>					List the two (2) largest contracts currently underway:					
Owner/General Contractor		Type of Work			Project Location			Contract Amount		
Contact Person		Phone		Fax and/or Email			% Complete		Anticipated Completion Date	
Owner/General Contractor		Type of Work			Project Location			Contract Amount		
Contact Person		Phone		Fax and/or Email			% Complete		Anticipated Completion Date	

<b>SUPPLIER/SUBCONTRACTOR INFORMATION</b>						List the major suppliers and subcontractors with whom you have conducted business in the last 12 months:					
Name of Account Payable		Amount Owed		% Over 60 Days		Contact Person		Phone		Fax or Email	
Name of Account Payable		Amount Owed		% Over 60 Days		Contact Person		Phone		Fax or Email	
Name of Account Payable		Amount Owed		% Over 60 Days		Contact Person		Phone		Fax or Email	

<b>OPERATIONS INFORMATION</b>												
Type of Work Performed & Territory where presently work & plan to perform work												
Trades Performed in House						Trades Subcontracted						
Largest Work on Hand in the Past			Year		Number of Jobs		Average Job Size			Average Total Work on Hand		
Bank Line <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Amount				Amount Available Currently				
Name of Liability Insurance Company				Expiration Date				Limits				
Agent's Name				Agent's Phone				Agent's Email				

<b>DISPUTES, FINANCIAL DIFFICULTIES, PROBLEMS, ETC.</b>						Company		Any officer, owner or partner	
1. Any company or personal assets held in trust or escrow accounts?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are any business or personal assets restricted or pledged for any purpose (i.e. collateral for a loan, etc.)?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Bonded or declined bonding in the last 3 years?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has this specific request been submitted to or declined by another surety?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Been in claim previously with a surety?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Involved in any lawsuits or disputes in past 5 years?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Failed to complete any job or assessed delay damages or penalties?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Declared personal or business bankruptcy or failed in any business?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Delinquent in payment of any taxes?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Involved in any other business entities?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For any **YES** answer, provide complete details or copies of correspondence explaining all:

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\_\_\_\_\_

\_\_\_\_\_

**The following statement must be signed by an owner or officer of the company for which bonding is being requested.**

I acknowledge that all information is complete and correct and is given to induce the insurance company to execute surety bonds. I understand that false information may constitute misrepresentation or fraud. I authorize you to investigate the credit, character, capacity and capital of the company and its employees and owners for bonding purposes.

Date \_\_\_\_\_ Signature and Title **X** \_\_\_\_\_

<b>PRODUCER INFORMATION</b>		Agency Name		Code	Phone	Fax	E-mail
Agency Address							Contact Person

<b>AGENT'S RECOMMENDATION:</b>		Comments:
<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.		

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.