

# Surety Reference Form

## SECTION 1: AUTHORIZATION TO RELEASE CLIENT INFORMATION

Instructions: Subcontractor to complete and sign Section 1 and forward it to insurance broker.

Insurance Broker \_\_\_\_\_  
 Account Manager \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Email Address \_\_\_\_\_ Fax No. \_\_\_\_\_

I hereby authorize the release of the information described below to Stuart Olson Construction Ltd.

Subcontractor \_\_\_\_\_  
 Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Date \_\_\_\_\_ Title/Position \_\_\_\_\_

## SECTION 2: CLIENT INFORMATION

Instructions: Insurance broker or surety provider to complete Section 2 and return to Stuart Olson.

Surety Provider \_\_\_\_\_ Client Since \_\_\_\_\_  
 Authorized Bonding Capacity  
 Single Limit \_\_\_\_\_  
 Aggregate Limit \_\_\_\_\_  
 Current Usage \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Is the facility secured by any financial and/or performance security?  Yes  No

If yes, identify the type(s) of additional security.

- Personal Guarantee  Parent Company Guarantee  General Security Agreement
- Letter of Credit  Subordination Agreement  Other: \_\_\_\_\_

Has a claim ever been made against a surety bond issued to the Subcontractor?  Yes  No

If yes, please explain.

### Additional Comments

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Date \_\_\_\_\_ Title/Position \_\_\_\_\_

Submit Completed Surety Reference to: Risk Management Department  
 Email RiskManagement@stuartolson.com  
 Fax (403) 685-7770