



I. BUSINESS INFORMATION

Business name:
Contact name: E-mail address:
Firm address:
Phone: Fax:
Web site:
State of incorporation: Year started:
Tax ID: Is your firm union?
Contracting specialty:
LEED project experience:
Geographic area(s) of operation:
Type of business:
Employees (# of):
Affiliations:
Certifications:

II. OFFICER INFORMATION

List all Owners, Proprietors, Partners and Officers of the firm:

a. Full legal name: b. Percentage owned: c. Date of birth: d. Social Security Number:
e. Position: f. Since: g. Home address:
h. Spouse legal name: i. Spouse date of birth: j. Spouse Social Security Number:
1
2
3
4
5

Will all owners and their spouses provide full personal indemnification to the surety?
Explain:
Is there a buy/sell agreement among the owners of the business?
Is this agreement funded by life insurance?





### III. BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, failed to complete a contract, or caused a loss to a surety? If yes, please attach explanation.  Yes  No

Is your firm or any of its owners or officers currently involved in any litigation? If yes, please attach explanation.  Yes  No

Percentage of the firm's work for: Government Owners: \_\_\_\_\_ % Private Owners: \_\_\_\_\_ % Other Contractors: \_\_\_\_\_ %

Trades you normally undertake with your own employees:  None (Paper GC)  \_\_\_\_\_

Percentage of the firm's work normally subcontracted to others: \_\_\_\_\_ %

Trades you normally subcontract: \_\_\_\_\_

Sub bonding policy: \_\_\_\_\_

Preferred job size range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Number of jobs at a time: \_\_\_\_\_

Largest cost to complete backlog: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Number of jobs: \_\_\_\_\_

Largest job expected during the next year: \_\_\_\_\_

Largest backlog expected during the next year: \_\_\_\_\_

Expected annual volume this current fiscal year: \_\_\_\_\_ Next fiscal year: \_\_\_\_\_

Do you lease equipment?  Yes  No Type of lease: \_\_\_\_\_

Terms of the lease: \_\_\_\_\_

### IV. FINANCIAL INFORMATION

Name of CPA Firm: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company address: \_\_\_\_\_

Company phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

On what basis are taxes paid?  Cash  Completed Job  Accrual  % of Completion

On what basis are financial statements prepared?  Cash  Completed Job  Accrual  % of Completion

On what level of assurance are financial statements prepared?  CPA Audit  Review  Compilation

How often are internal financial statements prepared?  Annually  Semi-Annually  Quarterly  Monthly

How are bills paid?  Discounts taken as offered  Prompt within payment terms  Late, within \_\_\_\_\_ days of due

Any material troubled A/R?  No  Yes Explain: \_\_\_\_\_

Changes to the balance sheet since last fiscal year end: (contributions, distributions, loans, material asset buys or sells, financing, etc.)

Do you have a full time accountant on staff?  Yes  No Name: \_\_\_\_\_

Staff accountant professional designations:  CPA  CCIFP  Other: \_\_\_\_\_

Accounting software: \_\_\_\_\_

Estimating software: \_\_\_\_\_

Job cost software: \_\_\_\_\_

### V. BANK INFORMATION

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

With this bank since: \_\_\_\_\_ Relationship currently includes:  Deposit accounts  Revolving line of credit  Term loans

Line of credit (LOC) year opened: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Line expires: \_\_\_\_\_

LOC –  Unsecured  Secured By: \_\_\_\_\_

LOC – special terms or sublimits: \_\_\_\_\_

Other banks used and purpose: \_\_\_\_\_

### VI. EXPERIENCE & REFERENCES

#### Previous bonding companies:

Name: \_\_\_\_\_ Dates: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



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**Major trade subcontractors (or contractors if you are a trade contractor): (largest volume first)**

	Name:	Trade:	Phone:	Fax:	Contact name:	Last used:
1						
2						
3						
4						
5						

**Specialty trade subcontractors:**

	Name:	Trade:	Phone:	Fax:	Contact name:	Last used:
1						
2						
3						

**VIII. KEY PERSONNEL**

**Additional key personnel:**

	Name:	Designation(s):	Position:	Birth year:	Years experience	
					This company:	Total:
1						
2						
3						
4						
5						

**IX. LIFE INSURANCE INFORMATION**

**Life insurance in effect on officers or key personnel:**

	Insured:	Beneficiary:	Death benefit:	Insurance company:
1				
2				
3				
4				

**X. BUSINESS INSURANCE INFORMATION**

Staff Risk Manager: \_\_\_\_\_ Designations:  AFSB  CPCU  CRIS  Other: \_\_\_\_\_

Insurance broker/agency: \_\_\_\_\_ City/ State: \_\_\_\_\_

Agent's name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Key expiration dates: \_\_\_\_\_

**XI. SUBSIDIARIES AND AFFILIATES**

**Subsidiaries and affiliates of the applicant firm:**

	Firm name:	Ownership/relationship:	Type of business:	FEIN:	Cross/Corp. Indemnity?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:

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**XII. ATTACHMENTS**

- Copies of the last three fiscal year end financial statements including work in progress & completed contract schedules
- Current interim financial statement and work in progress report if fiscal statement is over six months old
- Current personal financial statement for all indemnitors
- Bank Line of Credit Agreement
- Business Plan
- Federal Tax Returns
  - Company – years: \_\_\_\_\_
  - Personal – years: \_\_\_\_\_
- Buy/Sell Agreement
- Specimen copy of Subcontract Agreement
- Certificate(s) of Insurance (*all lines carried*)
- Resumes of owners/key employees
- Brochure and/or Letters of Recommendation about the accomplishments of your firm
- Other: please describe below under “Additional Remarks”:

**Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.**

**This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.**

Name of Firm: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Remarks: