

## **Contract Bond Packet**

Thank you for your request. Please complete the following items to enable us to underwrite and respond in a timely manner.

1. **Surety Questionnaire**
2. **Business Financial Statements**  
Last two (2) fiscal year-end financial statements of business entity, plus current interim financial statements. If this statement is more than six months old, we require a current interim statement.  
Note: All financial statements are to include both a balance sheet and a profit and loss statement.
3. **Personal Financial Statement(s) of Owners** (Format Attached)  
Required on all Stockholders of a Corporation who own more than 10% of the stock or all Partners of a Partnership, or the Sole Proprietor.
4. **Bank Verification & 3 Months Personal and Business Bank Statements**
5. **Job References (Contact Information with Job Description)**
6. **Supplier References (Contact Information)**
7. **Work on Hand** (Format Attached)
8. **Copy of Construction Contract, Bond Forms, Bid Results (If Bid, Bid Specifications)**
9. **Contract Bond Request Form**
10. **Copy of Insurance certificate**

**Thank you for your business!**

If you have any questions regarding Contract Bonds, please do not hesitate to contact us. We look forward to working with you and your clients.

## Contractors Qualification Questionnaire

Agent/Broker \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Producer Code \_\_\_\_\_

### ORGANIZATION AND BACKGROUND

Name \_\_\_\_\_ ( ) Individual  
 Address \_\_\_\_\_ Fed. I.D. # \_\_\_\_\_ ( ) Partnership  
 City, State, Zip \_\_\_\_\_ ( ) Corporation  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ ( ) LLC/LLP

Contractors License Number \_\_\_\_\_

Date business formed \_\_\_\_\_ Date Incorporated \_\_\_\_\_

If SUCCESSOR to prior business, Name of Predecessor \_\_\_\_\_

Has there been any recent changes in control of the company?  YES  NO

If so, describe \_\_\_\_\_

#### Principal Officers of the Company

Name	Position	% of Ownership	Age	Date of Employment	SSN	Name of Spouse

Please asterisk officers who are authorized to execute documents for the Company under the Corporate Seal. Have provisions been made for continuation of their duties in the event of their death or disability? \_\_\_\_\_ Attach details.

#### List of Affiliated, Subsidiary, or Related Companies in which this Firm or its Stockholders have an interest:

Name and Address	Stock Ownership	Scope of Operations	Endorsement by Principal or Stockholders



List the six most important contracts completed in the last five years:

Owner's Name	Address & Phone Number	Contract Amount	Time Req. to Complete
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Largest work-on-hand position of company, at any one time was \$ \_\_\_\_\_, during \_\_\_\_\_ (year) and consisted of \_\_\_\_\_ contracts.

Give the names of five principal suppliers:

Name	Address	Contact Information
		PHONE
		FAX
		PHONE
		FAX
		PHONE
		FAX
		PHONE
		FAX
		PHONE
		FAX

### SURETY INFORMATION

Present Surety \_\_\_\_\_ Present Rate \_\_\_\_\_

Address \_\_\_\_\_

With present surety \_\_\_\_\_ years

Largest single contract previously bonded \_\_\_\_\_

Why change of surety? \_\_\_\_\_

Covenants provided to present surety

1. Personal indemnities:  Yes  No If yes, list additional indemnitors: \_\_\_\_\_

2. Additional Corporate indemnities:  Yes  No If yes, list additional indemnitors: \_\_\_\_\_

3. Is collateral provided:  Yes  No If yes, explain \_\_\_\_\_

**FINANCIAL INFORMATION**

**Banking**

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Manager \_\_\_\_\_

With bank since \_\_\_\_\_

Previous bank \_\_\_\_\_

Address \_\_\_\_\_

Term with previous bank \_\_\_\_\_

Are any assets in Trust(s)? \_\_\_\_\_

**Line of Credit**

Amount \_\_\_\_\_

Amount in Use \_\_\_\_\_

Secured by

Yes No

A. Accounts Receivable

B. Collateral

C. Personal covenants

D. Additional corp. covenants

**Accounting**

Name of Accounting Firm \_\_\_\_\_

Address \_\_\_\_\_

How long has this firm acted as your auditor? \_\_\_\_\_ Years

Date last audited Financial Statement was prepared (month/year) \_\_\_\_\_

Is statement prepared on an (A) audited or (B) unaudited basis? \_\_\_\_\_

Completed Job? \_\_\_\_\_ % of Completion? \_\_\_\_\_ Accrual? \_\_\_\_\_ Other? \_\_\_\_\_

Have (or are) any of your accounts receivables or retentions been assigned, pledged, hypothecated, sold or discounted?

Yes  No If yes, describe \_\_\_\_\_

ATTACH PERSONAL FINANCIAL STATEMENTS OF INDEMNITORS CONCURRENT WITH FISCAL YEAR-END OF CONTRACTOR.

ATTACH LAST THREE (3), COMPLETE FISCAL YEAR-END FINANCIAL STATEMENTS (IF NOT FULL CPA AUDITS, ATTACH SCHEDULES OF ALL BALANCE SHEET ITEMS AS WELL AS UNCOMPLETED WORK-ON-HAND SCHEDULES)

The Undersigned hereby represents that the herein statements are true and authorizes any bank or other reference to verify the correctness of items in the above statement to the Surety. Surety is authorized to investigate, at any time, the Undersigned's credit, employment history, and department of motor vehicle records.

Name of Company \_\_\_\_\_

Dated \_\_\_\_\_

X  
\_\_\_\_\_  
If Corporation, sign and seal here

\_\_\_\_\_  
Witness

X  
\_\_\_\_\_  
Signature of Applicant if not a Corporation

# Work On Hand

Name and Address of Contractor								Uncompleted Contracts as of:		
Contract Description and Location	Bonded Yes/No	Date Started		1	2	3	4	5	Completion Date	
		Mo.	Yr.	Contract Price Including Approved Change Orders	Contractor's Estimated Cost At Time of Bid (1)	Total Amount Billed To Date Including Retainage (2)	Total Costs To Date	Revised Estimated Costs to Complete	Mo.	Yr.
1)										
2)										
3)										
4)										
5)										
6)										
7)										
8)										
9)										
10)										
11)										
12)										
<b>Totals</b>										

## Contracts Completed Since Last Fiscal Closing Statement or Last Status Report

Contract Description and Location	Date Started		Final Contract Price	Total Cost	Gross Profit or Loss
	Mo.	Yr.			
1)					
2)					
3)					
4)					

Principal Signature: \_\_\_\_\_

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

1. Include contractor's original estimated total cost plus cost of all change orders and extra work orders approved to date
- 2.
3. Do not include "claims" or disputed items. If desired, attach an explanation

As your surety, we are as interested as you in accurate progress reports on your construction work. This form is intended to help present such a report.

As a guide, the following definitions are given so that the data presented will be more meaningful.

- CONTRACT PRICE and CONTRACTOR'S ESTIMATED COST AT TIME OF BID should include **approved change** orders only and, in original estimated costs, the costs applicable thereto. Exclude claims and disputed items. If desired, an explanation of these items may be attached.
- If contracts are on a unit price basis, and the estimated number of units approved has increased or decreased since bid date, adjust the original contract price and costs accordingly, using the original price and cost per unit as a base, and enter these amounts unless the change in unit quantity had contractually operated to change the unit price.
- All projects should be listed: Bonded, non-bonded, lump sum and cost plus.
- COSTS should be entered consistent with financial statement (Profit and Loss Report) allocation, excluding general and administrative (specifically unallocated) overhead.
- BILLED TO DATE and COSTS TO DATE should be entered as of the same date or, when this schedule is provided in conjunction with a financial statement, consistent with their treatment in the financial report.
- ESTIMATED COSTS TO COMPLETE should be a revised figure reflecting developments which have occurred subsequent to bid date causing a change in total cost (or cost per unit), if any, unit merely a subtraction exercise. After approximately 50% completion, it is imperative that a re-evaluation of costs be made. In the early stages of a project, a re-evaluation of costs may be difficult and perhaps impractical.

# Bond Request Form

If final bond, please provide a copy of the contract

Name of **PRINCIPAL** (Contractor): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Address of **OBLIGEE**: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bid Date: \_\_\_\_\_ Bid Time: \_\_\_\_\_ Bid Bond %: \_\_\_\_\_

Performance Bond %: \_\_\_\_\_ Payment Bond %: \_\_\_\_\_ Project No.: \_\_\_\_\_

Contractor's Bid Estimate: \$ \_\_\_\_\_ (Remember: All bid bonds are capped)

Engineer's Estimate: \$ \_\_\_\_\_

Project Description/Title (please type exactly as it appears on your proposal):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Liquidated Damages: \$ \_\_\_\_\_ ( Calendar Days Working Days *circle one*)

Percentage of Subcontracted Work: \_\_\_\_\_ Length of Warranty: \_\_\_\_\_

If final bond, please provide bid results:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Work on Hand – Description:	Contract Amount:	Amount Complete:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Pending Bids:	Bid Date:	Bid Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**TOTAL WORK ON HAND & PENDING BIDS: \$ \_\_\_\_\_**

Are special bond forms required? YES NO (If yes, please include the bond form)

Does the bond need to be: Mailed Picked up Overnighted

(If bond needs to be overnighted, please print Fed-Ex Account #: \_\_\_\_\_)

**ALL INFORMATION ON THIS FORM MUST BE COMPLETED**



## Personal Financial Statement

**Not to be used for Business Statements**

To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement

Personal financial statement for \_\_\_\_\_ SSN \_\_\_\_\_  
*Name*

*Street Address, City, State, ZIP*

\_\_\_\_\_ Home Phone No. \_\_\_\_\_ Bus. Phone No. \_\_\_\_\_  
*Name of Spouse*

As of \_\_\_\_\_  
*Month*      *Day*      *Year*

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank) . . . . .	_____	Notes payable to (names & addresses):	_____
Cash in following banks (names & addresses):	_____	.....	_____
.....	_____	.....	_____
.....	_____	Sales Contracts & Chattel Mtgs. (Sch. 6) . . . . .	_____
Stocks and bonds (Schedule 1) . . . . .	_____	.....	_____
Accounts receivable (Schedule 2) . . . . .	_____	Accounts payable . . . . .	_____
Notes receivable (Schedule 3) . . . . .	_____	Current portion of long term debt. . . . .	_____
Other current assets (Schedule 6)	_____	Other current liabilities (Schedule 6) . . . . .	_____
.....	_____	.....	_____
.....	_____	.....	_____
.....	_____	Current Year's Income Taxes Unpaid . . . . .	_____
.....	_____	Prior Year's Income Taxes Unpaid . . . . .	_____
.....	_____	Real Estate Taxes Unpaid . . . . .	_____
.....	_____		
<b>TOTAL CURRENT ASSETS</b>		<b>TOTAL CURRENT LIABILITIES</b>	
FIXED ASSETS		LONG TERM LIABILITIES	
Real estate (Schedule 4):		Real estate debt (Schedule 4):	
Residence . . . . .	_____	Residence . . . . .	_____
Other . . . . .	_____	Other . . . . .	_____
Cash value of life insurance (Schedule 5) . . . . .	_____	Borrowed on life insurance (Schedule 5) . . . . .	_____
Other assets and investments (Schedule 6) . . . . .	_____	.....	_____
.....	_____	Other long term debt (Schedule 6) . . . . .	_____
.....	_____	.....	_____
.....	_____	.....	_____
.....	_____	<b>TOTAL LONG TERM LIABILITIES</b>	
.....	_____		
<b>TOTAL FIXED ASSETS</b>		<b>NET WORTH</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

**Contingent Liabilities**

For endorsements or guarantees \$ \_\_\_\_\_ For other purposes \$ \_\_\_\_\_

Give details \_\_\_\_\_

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Div. Paid Last 2 Yrs	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTE RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL							

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

6. OTHER ASSETS AND LIABILITIES

Other Current Assets (itemize)	Other Current Liabilities (itemize)	Amount

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature  X  \_\_\_\_\_  
 Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature  X  \_\_\_\_\_  
 Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Signed \_\_\_\_\_

# Bank Verification

(To be completed by bank or savings & loan)

**Please complete a separate form for each account**

Re: Account Holder \_\_\_\_\_

Account Number \_\_\_\_\_

The above account holder has applied to this Company for bonding credit and has given your name as a reference. Authorization has been given to us to verify their financial statement. Therefore, we would appreciate the courtesy of a prompt reply to the following questions. Your response will be treated in confidence and without responsibility on your part. You may return this inquiry by fax to the number below. Thank you for your cooperation.

1. When was the account opened? \_\_\_\_\_
2. The average balance is \$ \_\_\_\_\_ for the period of \_\_\_\_\_ months.
3. Has a line of credit been established? \_\_\_\_\_  
If so, what amount? \$ \_\_\_\_\_ Current outstanding balance: \$ \_\_\_\_\_  
It is secured by \_\_\_\_\_  
The renewal date is \_\_\_\_\_
4. What is your opinion of the applicant's character, ability and financial responsibility?  
\_\_\_\_\_

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Information has been provided by:  \_\_\_\_\_

*Signature*

Date \_\_\_\_\_

*Printed Name*

Person & Branch requesting this form: \_\_\_\_\_

## FRAUD WARNINGS

**ARKANSAS RESIDENTS:** Any person who knowingly presents a false or fraudulent claim for payment for 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.

**COLORADO RESIDENTS:** 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 or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA RESIDENTS:** 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.

**FLORIDA RESIDENTS:** 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.

**LOUISIANA, MAINE, RHODE ISLAND, TENNESSEE, VIRGINIA, WASHINGTON & WEST VIRGINIA RESIDENTS:** 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 a denial of insurance benefits.

**KENTUCKY RESIDENTS:** 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.

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

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

**NEW MEXICO RESIDENTS:** 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 CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK RESIDENTS:** 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.

**OHIO RESIDENTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claims containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA RESIDENTS:** 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.

**PENNSYLVANIA RESIDENTS:** 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 subjects such person criminal and civil penalties.