

## **New Submission Requirements**

- Two years of Corporate Financial Statements
- Personal Financial statement for principals (Form attached)
- Corporate & Personal Tax Returns (first five pages)
- Contractor Questionnaire (form attached)
- Bank Reference Letter and two months of Recent Bank Statements (Business and Personal)
- Resumes of Key Personnel (form attached)
- Work on Hand Schedule (form attached)
- Certificate of Insurance
- Articles of Incorporation or Formation Articles

## CONTRACTOR QUESTIONNAIRE

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

Address: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone: \_\_\_\_\_ Contracting Specialty: \_\_\_\_\_

Cell: \_\_\_\_\_ Tax ID #: \_\_\_\_\_ FED EX/UPS #: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Year Business Started: \_\_\_\_\_

Type of Business:  Corp  Part  Prop  Sub S. Corp

State of Incorporation: \_\_\_\_\_ Area of Operation: \_\_\_\_\_

**List of corporate officers, partners or proprietors of your firm:**

Name	SSN	Date of Birth	Position	% Owned	Spouse Indemnitor

Will the above individuals and spouses personally indemnify Surety?  Yes  No

If no, explain: \_\_\_\_\_

Is there a buy/sell agreement among the owners of the business?  Yes  No

How many people does your firm employ? \_\_\_\_\_

Has your firm or any of its principals ever petition for bankruptcy, failed in business or defaulted so as to cause a loss to Surety? Yes  No

If yes, please explain: \_\_\_\_\_

Is your firm or any of its owners or officers currently involved in any litigation?

Yes  No If yes, please explain: \_\_\_\_\_

What is the percentage of the firm's work normally for:

Government Agencies: \_\_\_\_\_% Private Owners: \_\_\_\_\_%

What percentage of the firm's work is normally subcontracted? \_\_\_\_\_%

Are Bonds required of subs?  Yes  No

What trades do you normally subcontract? \_\_\_\_\_

What is the largest job you expect to do during the next year? \_\_\_\_\_

What is your expected annual volume next year? \_\_\_\_\_

What trades do you normally undertake with your own forces? \_\_\_\_\_

Name of your Attorney: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact Person/email: \_\_\_\_\_

Name of your CPA: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact Person/email: \_\_\_\_\_

Name of your Bank: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact Person/email: \_\_\_\_\_

Amount of Credit: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is your firm union?  Yes  No

**Previous Bonding Companies:**

Name	Reason for Leaving

**List your five largest contracts completed:**

A.	<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
<u>Owner</u>			Design Professional:		
			Email:		

B.	<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
<u>Owner</u>			Design Professional:		
			Email:		

C.	<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
<u>Owner</u>			Design Professional:		
			Email:		

D.	<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
<u>Owner</u>			Design Professional:		
			Email:		

E.	<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
<u>Owner</u>			Design Professional:		
			Email:		

**List five of your major suppliers:**

Name	Address	Email:	Contact

**List five subcontractors (or contractors if you are a subcontractor) that you do business with:**

A.	Name:	
	Address:	Email:
	Contact:	Job:

  

B.	Name:	
	Address:	Email:
	Contact:	Job:

  

C.	Name:	
	Address:	Email:
	Contact:	Job:

  

D.	Name:	
	Address:	Email:
	Contact:	Job:

  

E.	Name:	
	Address:	Email:
	Contact:	Job:

**List three architects you have done business with:**

A.	Name:	
	Address:	Email:
	Contact:	Job:

  

B.	Name:	
	Address:	Email:
	Contact:	Job:

  

C.	Name:	
	Address:	Email:
	Contact:	Job:

**List key personnel, foreman or supervisors:**

Name	Position	Year of Birth	Years Experience	Previous Employer

**List any subsidiaries and affiliates:**

Firm Name	Ownership	Business Type	Location

**SERVICE FEE AGREEMENT**

(if applicable)

This agreement is for a service fee. A service fee may or may not be a part of the premium charged by a surety company.

This agreement is made between \_\_\_\_\_ and \_\_\_\_\_  
(hereinafter referred to as "Insured") on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

It is agreed that a fee is being charged for the producer providing the services of marketing, bond issuance and all other related customer service duties. This fee is continuous and annually renewable until mutually cancelled by both parties.

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

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

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

**(This form needs to be signed and dated)**

<b>PERSONAL FINANCIAL STATEMENT AS OF _____, _____</b>		
Name of Individual	Social Security No.	Date of Birth
Name of Spouse	Social Security No.	Date of Birth
Residence Address		Home Phone Number

<b>ASSETS</b>		Account Balance	<b>LIABILITIES</b>		Account Balance
Cash in Banks	\$		Loans Payable-Banks	\$	
Notes Receivable	\$		Notes Payable	\$	
Accounts Receivable	\$		Accounts Payable	\$	
Stocks/Bonds/Securities	\$		Taxes Payable	\$	
Real Estate – Residence	\$		Mortgages Payable	\$	
Real Estate – Investment/Other	\$		Other Liabilites	\$	
Cash Value Life Ins.	\$				
Personal Property	\$		<b>TOTAL LIABILITES:</b>	\$	
Other Assets:	\$		<b>NET WORTH:</b>	\$	
<b>TOTAL ASSETS:</b>	\$		<b>TOTAL NET WORTH &amp; LIABILITES:</b>	\$	
<b>INCOME:</b>	Salary \$		Spouse’s Salary \$	<b>TOTAL INCOME</b>	
	Bonus/Other \$		Bonus/Other \$	\$	

**SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITES**

(NOTE: All data listed above must appear in the appropriate schedules. Insert “None” where appropriate)

<b>CASH IN BANKS</b>		
Bank Name, Number & Location	Account No.	Amount
		\$
		\$
		\$

<b>NOTES &amp; ACCOUNTS RECEIVABLE</b>				
Name & Address of Debtor	Amount Due	Due Date	Pledged (Yes/No)	Security
	\$			
	\$			
	\$			

<b>STOCKS/BONDS/SECURITIES</b>				
Name & Number(s) of instrument	No. of Shares	Price/Share	Market Value	Exchange & Call
		\$	\$	
		\$	\$	
		\$	\$	

**REAL ESTATE (RESIDENCE/INVESTMENT/OTHER)**

Location & Description	Year Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	

**CASH VALUE OF LIFE INSURANCE**

Name of Insurance	Beneficiary	Face Value	Cash Value	Loans Outstanding
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

**OTHER ASSETS**

Description	Title Holder	Cost	Market Value	Age
		\$	\$	
		\$	\$	
		\$	\$	

**LOANS PAYABLE**

Name of Lender	Address	Balance Due	Due in 1 Year	How is it Secured
		\$	\$	
		\$	\$	
		\$	\$	

**ACCOUNTS & NOTES PAYABLE (Including charge accounts)**

Payable to Whom	Address	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		

**OTHER LIABILITIES**

Description	Payable to Whom	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		

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

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



## **Blanket Authorization Form**

**Authority is hereby granted to any Individual, Firm, or Corporation and any financial institution to furnish Bondex Insurance Company upon its request, with any information concerning or pertaining to the undersigned's financial standing, credit or manor 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.**

**To become part of and attached to the application for:**

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**(Name of Applicant)**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_**

**By: \_\_\_\_\_**

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**(Name, typed or printed)**

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**(Title)**

# RESUME

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

## PERSONAL DATA

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

## EDUCATION

Did you graduate High School?  Yes  No

College: from \_\_\_\_\_ to \_\_\_\_\_ Name of School: \_\_\_\_\_

Courses Studied: \_\_\_\_\_

Special education related to current business activity or employment: \_\_\_\_\_

## BUSINESS & PROFESSIONAL EXPERIENCE

(Indicate firm name, length of time employed, occupation/position, reason for leaving and, if construction related, largest project you were involved in)

Number of years with Current Employer: \_\_\_\_\_ Number of years in the industry: \_\_\_\_\_

### EMPLOYMENT HISTORY (beginning with current job)

From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

## PROFESSIONAL REFERENCES

Name	Address	Phone No.	Length of Time Acquainted

# WORK ON HAND

Name of Contractor:					Date as of:				
#	Description of Job	Starting Date	Completion Date	Bonded?	Contract Price (incl cost of approved change order)	Vqvcrl'Couv ..... ..... '''	Total Billed To Date (including cost of approved change orders)	Total Cost to Date	Total Revised Estimated Cost to Complete
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
Totals									
Total Uncompleted Work:		Total Uncompleted Work by Subcontractor:							
Bonded:		Unbonded:							
Signature:									
Title:									