

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)

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

ASSETS		Account Balance	LIABILITIES		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	\$		TOTAL LIABILITES:	\$	
Other Assets:	\$		NET WORTH:	\$	
TOTAL ASSETS:	\$		TOTAL NET WORTH & LIABILITES:	\$	
INCOME:	Salary \$		Spouse's Salary \$	TOTAL INCOME	
	Bonus/Other \$		Bonus/Other \$	\$	

SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITES

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

CASH IN BANKS		
Bank Name, Number & Location	Account No.	Amount
		\$
		\$
		\$

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

STOCKS/BONDS/SECURITIES				
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:

(Name of Applicant)

Signed this _____ day of _____, 20____

By: _____

(Name, typed or printed)

(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:									