



**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Firm Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Place of Organization: \_\_\_\_\_ Year Started: \_\_\_\_\_  
 Tax ID/EIN: \_\_\_\_\_ Contracting Specialty: \_\_\_\_\_  
 In what other lines of business does organization have financial interests in? \_\_\_\_\_  
 Geographic area(s) of operation: (Territory) \_\_\_\_\_  
 Type of Business:     C-Corp  Sub S. Corp  Partnership  Sole Proprietor  LLC  LLP  
 Employees (# of):    Office: \_\_\_\_\_ Field (min): \_\_\_\_\_ to (max): \_\_\_\_\_ Current Total: \_\_\_\_\_  
 Certifications:     8a  HubZone  SDVOSB  Minority  Woman Owned    Other: \_\_\_\_\_

**OFFICER INFORMATION**

List all Owners, Proprietors, Partners and Officers of the Firm (List additional owners on separate pages):

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Title: \_\_\_\_\_ Since: \_\_\_\_\_ Percent Owned: \_\_\_\_\_ %  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Title: \_\_\_\_\_ Since: \_\_\_\_\_ Percent Owned: \_\_\_\_\_ %  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Title: \_\_\_\_\_ Since: \_\_\_\_\_ Percent Owned: \_\_\_\_\_ %  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Title: \_\_\_\_\_ Since: \_\_\_\_\_ Percent Owned: \_\_\_\_\_ %  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Will all owners and their spouses provide full personal indemnification to the Surety?  Yes  No

If No, explain: \_\_\_\_\_

Has any officer or partner of your organization ever been an officer or partner of some other organization that failed  Yes  No

to complete a project? If Yes, explain: \_\_\_\_\_

Has any officer or partner of your organization failed to complete a project handle in his own name?  Yes  No

If Yes, explain: \_\_\_\_\_

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

Is this agreement funded by Life Insurance?  Yes  No

### BUSINESS DETAILS

Has your firm or any of its Principals ever petitioned for bankruptcy, failed in business, failed to complete a contract, or cause a loss to a Surety?

**If yes, please attach explanation.**  No  Yes

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

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

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

Works you normally subcontract: \_\_\_\_\_

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: \_\_\_\_\_

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

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

### 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 Prepared  CPA Audit  In-House

Tax Return  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 account on staff?  Yes  No Name: \_\_\_\_\_

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

Accounting Software: \_\_\_\_\_

Estimating Software: \_\_\_\_\_

Job Cost Software: \_\_\_\_\_

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

**EXPERIENCE & REFERENCES**

**PREVIOUS BONDING COMPANIES**

Name	Date	Reason for leaving
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever been turned down by a Surety?  No  Yes *if yes, why?* \_\_\_\_\_

Have you ever failed to complete any work awarded to you?  No  Yes *if yes, why?* \_\_\_\_\_

How many years has your organization been in business under your present name? \_\_\_\_\_

How many years has your organization been in the type of work which is to be bonded?

a.) As a General Contractor: \_\_\_\_\_ b.) As a Subcontractor: \_\_\_\_\_ c.) As a Supplier: \_\_\_\_\_

**LARGEST COMPLETED CONTRACTS**

List the project/contracts which you have performed in the past. (Largest contract first)

Owner/Job Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_ Bonded:  Yes  No

Project Description: \_\_\_\_\_

Contact Person at Firm: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/Job Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_ Bonded:  Yes  No

Project Description: \_\_\_\_\_

Contact Person at Firm: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/Job Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_ Bonded:  Yes  No

Project Description: \_\_\_\_\_

Contact Person at Firm: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/Job Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_ Bonded:  Yes  No

Project Description: \_\_\_\_\_

Contact Person at Firm: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

### CONTRACTS IN PROGRESS

List the project/contracts your organization has in progress as of this date.

Owner: \_\_\_\_\_ Type of Work: \_\_\_\_\_ Location: \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ Percent Completed: \_\_\_\_\_ % Paid to date: \_\_\_\_\_

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Owner: \_\_\_\_\_ Type of Work: \_\_\_\_\_ Location: \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ Percent Completed: \_\_\_\_\_ % Paid to date: \_\_\_\_\_

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Owner: \_\_\_\_\_ Type of Work: \_\_\_\_\_ Location: \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ Percent Completed: \_\_\_\_\_ % Paid to date: \_\_\_\_\_

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Owner: \_\_\_\_\_ Type of Work: \_\_\_\_\_ Location: \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ Percent Completed: \_\_\_\_\_ % Paid to date: \_\_\_\_\_

### BIDS AND TENDERS PENDING AS OF THIS DATE

Owner	Type of Work	Location	Contract Price	Start Date
1. _____	_____	_____	\$ _____	_____
2. _____	_____	_____	\$ _____	_____
3. _____	_____	_____	\$ _____	_____
4. _____	_____	_____	\$ _____	_____

### LIST OF EQUIPMENTS

Item	Description (size, capacity, etc.)	Condition	Years of Service
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

### INSURANCE POLICIES

(Carried by the organization. Furnish copies of all such policies)

Type	Company	Limits	Expiration Date	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### MAJOR SUPPLIERS

(Largest volume first)

Name	Products	Phone/Fax	Contact Person	Last Used
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**MAJOR TRADE SUBCONTRACTORS**

(Or contractors if you are a trade contractors)/ (Largest volume first)

Name	Trade	Phone/Fax	Contact Person	Last Used
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**SPECIALTY TRADE SUBCONTRACTORS**

Name	Trade	Phone/Fax	Contact Person	Last Used
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**KEY PERSONNEL**

Additional Key Personnel

Name	Designation(s)	Position	Birth year	Years Experience (This Company)	Years Experience (Total)
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

**LIFE INSURANCE INFORMATION**

Life Insurance in effect on officers or key personnel

Insured	Beneficiary	Death Benefit	Insurance Company
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

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

**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

**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 requested.**

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

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

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

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

Additional Remarks:

**ATTACHMENTS**

**General Information**

- Company's Profile
- Resumes of Owners/Key Personnel
- Articles of Incorporation or Partnership Agreement
- Certificate of Incorporation
- Current Business License
- Contractor's License with RME Certificate
- Letters of Recommendation about the accomplishments of your firm
- Business Plan
- Bank Line of Credit Agreement

- Recently Monthly Bank Statement
- Certificate(s) of Insurance
- Credit Report
- Bank Certification or Reference Letter on all existing bank accounts
- Copies of the last three Fiscal year-end Financial Statements
- Current Interim Financial Statement and Aging Receivables and Payables Report
- Income Tax Return for the previous year
- Work in Progress Report
- Reference Letter from Suppliers
- Workers Comp Policy including Premium Adjustment Endorsement for last three years
- SWICA Reports for the last three years (stamped copy)
- Payroll Schedule/Wage List for the last three years (Name, Period, Paid Amount, Local Hire/H-2)
- Indemnity Agreement
- Available Collateral – (to be submitted before we release the final bond)
  - Real Estate (free of lien) – need Appraisal Report and an updated Preliminary Title Report
  - Bank Standby Letter of Credit
  - Cash – Time Certificate of Deposit

Will all owners and their spouse provide full personal indemnification to the Surety?  Yes  No (*explain below*)

Explain: \_\_\_\_\_  
 \_\_\_\_\_