

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? Yes No Both
 Contracting specialty: _____
 LEED project experience: Yes Number of projects: _____ No Number of LEED Certified employees: _____
 Geographic area(s) of operation: (*Territory*) _____
 Type of business: C-Corp. Sub S. Corp. Part. Sole Prop. LLC LLP
 Employees (# of): Office: _____ Field (*min.*): _____ to (*max.*): _____ Current total: _____
 Affiliations: AGC ASA ABC CFMA Other: _____
 Certifications: 8a HubZone SDVOSB Other: _____

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	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
2	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
3	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
4	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
5	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____

Will all owners and their spouses provide full personal indemnification to the surety? Yes No (*explain below*)
 Explain: _____
 Is there a buy/sell agreement among the owners of the business? Yes No
 Is this agreement funded by life insurance? Yes No

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:
1		
2		
3		

Have you ever been turned down by a surety? Yes No If yes, why? _____

Largest completed contracts: (largest first)

	a. Job name:	b. City, State:	c. Contract price:	d. Gross profit:	e. Date completed:	f. Bonded?
	g. Contact name:	h. Firm:	i. Phone:	j. Fax:	k. E-mail:	
	l. Project description:					
1	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
2	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
3	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
4	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
5	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					

Major suppliers: (largest volume first)

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

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:

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: