



I. BUSINESS INFORMATION

Business Name: _____ Email: _____
 Contact Name: _____
 Firm Address: _____
 Phone: _____ Fax: _____ Website: _____
 State of Incorporation: _____ Year Started: _____
 Tax ID: _____ Is your firm union? Yes No Both
 Contracting Specialty: _____
 LEED Project Experience: Yes Number of Projects: _____ Yes 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 firm:

Ex.	a: Full legal name		b: % 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:** **Website:**
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 sub limits:
Other banks used and purpose:

VI. EXPERIENCES & REFERENCES

Previous bonding companies:

Name	Dates	Reason for leaving

Have you ever been turned away by a surety: Yes No **If yes, why?**

Largest completed contracts: (largest first)

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

VIII. KEY PERSONNEL

Additional key personnel:

	Name	Designation(s)	Position	Birth year	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: