



**I. BUSINESS INFORMATION**

Business Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 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)**

<b>Ex.</b>	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:					

  

<b>1.</b>	a:	b:	c: \$	d: \$	e:	f: <input type="checkbox"/> Yes <input type="checkbox"/> No
	g:	h:	i:	j:	k:	
	l:					

  

<b>2.</b>	a:	b:	c: \$	d: \$	e:	f: <input type="checkbox"/> Yes <input type="checkbox"/> No
	g:	h:	i:	j:	k:	
	l:					

  

<b>3.</b>	a:	b:	c: \$	d: \$	e:	f: <input type="checkbox"/> Yes <input type="checkbox"/> No
	g:	h:	i:	j:	k:	
	l:					

  

<b>4.</b>	a:	b:	c: \$	d: \$	e:	f: <input type="checkbox"/> Yes <input type="checkbox"/> No
	g:	h:	i:	j:	k:	
	l:					

  

<b>5.</b>	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
<b>1.</b>						
<b>2.</b>						
<b>3.</b>						
<b>4.</b>						
<b>5.</b>						

**Major trade subcontractors (or contractors if you are a trade contractor): (largest volume first)**

	Name	Trade	Phone	Fax	Contact name	Last used
<b>1.</b>						
<b>2.</b>						
<b>3.</b>						
<b>4.</b>						
<b>5.</b>						

**Specialty trade subcontractors:**

	Name	Trade	Phone	Fax	Contact name	Last used
<b>1.</b>						
<b>2.</b>						

## 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: