

Western National Insurance is rated A+ IX by A.M. Best with a Treasury Listing in excess of \$39,000,000. We write most classes of contractors and we offer bond limits up to \$10,000,000 single and \$25,000,000 bonded aggregate (or more with reinsurance support). Other supporting information may be requested by your underwriter. We offer outstanding Standard, Preferred and Merit Rating Plans in most states.

Background:

- Your recommendation of the account.
- Completed Contractor's Questionnaire. (Form available on SuretyXpress www.wnins.com)
- Bond Request and Copy of Contract / Invitation to Bid (If current bond is needed). (Form available on SuretyXpress at www.wnins.com)
- An indication of anticipated single and aggregate bond needs. (If \$1MM and under try ContractXpress and Xpress Xtra!)

Financial:

- CPA Prepared Fiscal Year-End Financial Statements. (Prior 3 Years)
- Personal Financial Statements of the Company Owners & Spouses. (Form available on SuretyXpress at www.wnins.com)
- Bank Reference Letter indicating bank line of credit, its terms, security, present balance and expiration date. This letter should also indicate the current and average balances of all deposit and borrowing accounts. (Form available on SuretyXpress at www.wnins.com)
- Fiscal Year End Financial Statements or tax returns of all Affiliated Companies. (Most Recent 3 Years)
- Schedule of Work On Hand as of most recent Fiscal Year End. (If not included in the CPA Prepared Financial Statements)
- Current Accrual Basis Interim Financial Statements & Work On Hand Schedule if the fiscal year end is older than 6 months. (Balance Sheet & Income Statement)

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Western National Mutual Insurance Company

Western U.S. Regional Surety Office
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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 sublimits: _____

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:



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CONTRACT BOND REQUEST FORM
 nasbp.org/toolkit

To: Today's Date:

From:

Contractor:

Obligee (Bond Payable To):

Address:

Legal Project Name (including any identifying numbers):

Job Location:

Scope of Work:

Estimated Start Date:

Completion Time:

Special Bid Bond Form: Yes (attach form) No

Warranty Period:

Contractor's Guarantee Period(s):

Job Breakdown: **Labor:** % or \$

Subcontracts: % or \$

Penalties/Damages:

Retainage: %

Covered By Manufacturer? Yes No

Work On Hand As Of: \$

Materials: % or \$

Profit: % or \$

List Major Subcontractors

Amount

Sub Bond

\$
\$
\$

Yes No
 Yes No
 Yes No

Architect/Engineer:

Phone Number:

Special Hazards:

BID BOND INFORMATION

Bid Date and Time: Estimated Bid: \$

Bid Bond Amount: % or \$ Bid Opening Location:

BID RESULTS

Low Bidder: Bid Amount: \$

2nd Bidder: Bid Amount: \$

3rd Bidder: Bid Amount: \$

Do you expect to be awarded the contract? Yes No

Comments:

PERFORMANCE & PAYMENT BOND INFORMATION

Contract Date: Contract Amount: \$

Performance Bond Amt: % Payment Bond Amt: % Number of Executed Sets:

Please include a certificate of insurance with the bond: Yes (attach requirements) No

NOTE: Please attach a copy of the bid specs or contract. Failure may result in the delay of delivery of the bond.



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BANK / CREDIT REFERENCE FORM
 nasbp.org/toolki

By signing the line below, I hereby authorize _____ to release to _____ the information requested and to discuss same with them, said to remain in effect until rescinded.

Signature **Name** **Date**

The section below is completed by your bank

ACCOUNT INFORMATION

Account Name:

Address:

Financial Institution:

Customer Since:

Information is current as of:

	Checking	Savings
Current Balance:	\$	\$
Average Balance: <i>(last 12 months)</i>	\$	\$

LINES OF CREDIT INFORMATION

Line of Credit	Working Capital	Equipment
Total Approved Credit:	\$	\$
Amount Currently Borrowed:	\$	\$
Maximum Borrowed: <i>(last 12 months)</i>	\$	\$
Minimum Borrowed: <i>(last 12 months)</i>	\$	\$
Expiration Date:		
In compliance with all covenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

Comments:

COMPLETED BY

Name: _____ Title: _____
 Branch: _____ Phone: _____
 E-mail: _____

Signature **Name** **Date**



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Personal Financial Statement

PERSONAL FINANCIAL STATEMENT AS OF

Name of Individual: _____ Social Security No.: _____ Age: _____
 Spouse's Name: _____ Social Security No.: _____ Age: _____
 Residence Address: _____ Occupation: _____

ASSETS	*	COST BASIS	MARKET VALUE BASIS	LIABILITIES	*	TOTAL AMOUNT	MONTHLY PAYMENTS
Cash in Bank	1			Loans Payable - Bank	7		
Notes Receivable	2			Note Payable	8		
Accounts Receivable	2			Accounts Payable	8		
Government Bonds / Marketable Securities	3			Taxes Payable	9		
Real Estate - Homestead	4			Mortgages Payable	4		
Real Estate - Investments	4			Other Liabilities	10		
Cash Value Life Ins.	5						
Other Assets	6			TOTAL LIABILITIES:			
Car-Household Furnishings				**NET WORTH:			**Assets (Cash Basis) - Liabilities
TOTAL ASSETS:				TOTAL LIABILITIES AND NET WORTH:			Net Worth

INCOME

Salary: _____ Real Estate Income: _____ Bonus / Commission: _____ Other: _____
TOTAL INCOME: _____

***SUPPLEMENTARY SCHEDULES**

NOTE: All data listed above must appear on the appropriate schedules. Insert "none" where appropriate. Designate if owned jointly.

1. CASH IN BANK

Name, Branch and Location of Bank	Account Number	Amount

2. NOTES AND ACCOUNTS RECEIVABLE

Names and Address of Debtor	Amount	Due Date	Security	Pledged to Whom

3. BONDS AND MARKETABLE SECURITIES

Name of Security	Exchange List	No. of Shares	Price Per Share	Total Market Value

4. REAL ESTATE

Location / Description	Year Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder

5. CASH VALUE OF LIFE INSURANCE

Name and Address of Company	Beneficiary	Face Value	Cash Value	Amount of Loans Against

6. OTHER ASSETS

Description	Title Holder	Cost	Market Value	Age of Assets

7. LOANS PAYABLE

Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured

8. ACCOUNTS AND NOTES PAYABLE (Including Charge Accounts)

Payable to Whom	Address	Amount	Date Payment as Due	How Secured

9. TAXES PAYABLE (State & Federal)

Description	Amount	Date Payment as Due

10. ACCOUNTS AND NOTES PAYABLE (Including Charge Accounts)

Location / Description	Payable to Whom	Amount	Date Payment as Due	How Secured

Are you contingently liable or endorser on any bonds or other obligation? Yes* No

Are you involved in any litigation? Yes* No

Have you filed for bankruptcy in the last 7 years? Yes* No

Yes* No

Yes* No

Yes* No

*Explain all YES answers on separate sheet of paper

I hereby certify and declare that the above statement presents accurately my financial condition to the best of my knowledge and belief and I hereby authorize and request and person, firm or corporation to furnish and information requested by WESTERN NATIONAL MUTUAL INSURANCE COMPANY, for itself and its affiliates, parents, and subsidiaries, individually, and collectively (hereinafter referred to as the Surety) concerning any transaction with the undersigned; and the said Surety is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the purpose of securing reinsurance or co-suretyship.

Witness:

Signature:

Witness:

Signature:

