

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	KVCE Sf 5a_ bS k	Fotal Kde 7j b
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: