

# I. ORGANIZATION AND BACKGROUND

Exact Legal Name of Firm		Federal ID Number	Telephone:
Address			Fax:
			Contact
Date Business Formed	Date and State of Incorporation	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	

## Ownership

Full Legal Name	Social Security Numbers	Birth Year	Percent Ownership	Construction Experience	
				This Firm	Elsewhere
Owner: Spouse: Address:					
Owner: Spouse: Address:					
Owner: Spouse: Address:					
Owner: Spouse: Address:					

Do all of the above and their spouses personally indemnify? ☐ Yes ☐ No  
\*If yes, include personal financials.

Is there a buy-sell agreement?  
☐ Yes ☐ No  
\*If yes, please attach.

Is the agreement 100% funded by life insurance?  
☐ Yes ☐ No

## Life Insurance on Key Personnel/Owners

Name of Insured	Beneficiary	Amount	Cash Value	Insurance Company

## Key Personnel - \*Attach Resumes

Name	Position/Responsibilities	Age	Construction Experience	
			This Firm	Elsewhere

## Affiliates/Subsidiaries \*Attach Financial Statement for each

Name of Entity	Percent Ownership	Stock Held By Individual or Corporation	Type of Operation	Annual Sales	Fiscal Year End

Please attach copy of current Insurance Certificate – Showing all policies in force  
BOND DEPARTMENT

II. SCOPE OF OPERATIONS			
<b>Primary Class of Construction/Trades</b>		<b>Other Classes of Work</b>	
<b>Geographic Territory</b>			
<input type="checkbox"/> Union <input type="checkbox"/> Non-Union <input type="checkbox"/> Double-Breasted		Are any changes contemplated in type of work normally performed? (If yes, attach details) <input type="checkbox"/> Yes <input type="checkbox"/> No	
% as Prime Contractor	% as Subcontractor	% of Work Subcontracted to Others	% of Subcontractors Bonded
Trades that are normally subcontracted:		% of total work requiring contract bonds	

<b>Work On Hand</b>			
Any project with more than 10% bid spread?		Any project behind schedule?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any dispute claims or liens pending against company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Average Monthly Run-off	Largest Work on Hand \$	Number of Jobs	Year
Expected Annual Volume Next Year		Largest job you feel can be handled by your company	

Five Largest Jobs Completed to Date				
Owner/G.C.	Description/Location of Project	Contract Price	Gross Profit	Year Completed
1.				
2.				
3.				
4.				
5.				

Equipment (Attach list, if appropriate, and explain special requirements.)
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III. FINANCIAL INFORMATION	
*Attach last Three (3) years CPA fiscal year-end financial statements, current interim statement and personal statement	Fiscal Year End

<b>Fiscal Year End Financial Statement Quality</b>		
FYE Financial Statement Quality: <input type="checkbox"/> CPA Audit <input type="checkbox"/> CPA Review <input type="checkbox"/> CPA Compilation		
Job Information: <input type="checkbox"/> Completed Contract and Contracts in Progress schedule by CPA		
<input type="checkbox"/> Work in Process - Prepared by contractor		

<b>Accounting Methods</b>		
Financial Statement Basis: <input type="checkbox"/> Straight Accrual <input type="checkbox"/> % of Completion <input type="checkbox"/> Completed Contract		
Tax Basis: _____ (if tax basis differs from Financial Statement basis, obtain a copy of tax return.)		
Have stockholders elected to be considered a Sub-chapter "S" Corporation <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of CPA Firm – Address & Phone _____		

Interim Financial Statement	
Interim Financial Statement <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual	Prepared By _____
Interim Contract Progress Report <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual	Prepared By _____
Have operations been profitable since last statement date? (If no, attach explanation.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Have any changes occurred since statement date, such as additional equipment, purchase of fixed assets, loans to officers, investments, withdrawals or dividends that would significantly affect financial condition of the contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### IV. CREDIT INFORMATION

**Bank - \*Attach letter stating working capital line of credit (terms and conditions)**

<b>Name of Bank</b>	<b>Loan Officer</b>	<b>Amount of Line of Credit</b>	<b>Nature of Security</b>
<b>Expiration Date</b>	<b>Interest Rate</b>	<b>Cross-Corporate Indemnity:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Major Suppliers – List**

1.	Name	Address	High Credit
2.			
3.			
4.			

**Major Subcontractors – List**

1.	Name	Address	
2.			
3.			
4.			

**Owner/General Contractor References**

1.	Name	Address	Contact
2.			
3.			
4.			
5.			

**Previous Bonding Companies**

Name	Reason for Leaving	Contact/Telephone
Is construction company involved in any litigation? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your firm or any of its principals ever petitioned for bankruptcy or defaulted to cause a surety loss? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has construction company or any of its officers or owners ever been associated with a company which has failed to complete a contract, failed in business or compromised with creditors? If yes please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature

Company: \_\_\_\_\_



- Company FYE CPA Prepared Financial Statements for each of the last three fiscal years
- Latest interim financial statement - including Work on hand and A/R & A/P Aging
- Financial Statements of affiliates, subsidiaries, parent organization, if any  
Personal Financial Statement on Owner(s)
- Bank Reference Letter referencing amount of lines of credit available or Copy of
- Current Line of Credit Agreement
- Current Work on Hand Schedule (Summary of Uncompleted Contracts)
- Tax Returns on Corporation if FYE Statements are not audited
- Current Insurance Certificates
- Resumes on Key People/Brochures on the company
- Copy of the contract documents/specifications pertaining to the bond needed
- Rough Breakdown of the proposed project - Scope and dollars (ie. Equipment, Labor, Materials, Gross Profit, etc.)