

APPLICATION/ QUESTIONNAIRE FOR CONTRACT BONDING

I. Organization and Background

_	-						
1. Compa	any Name						
,	ompany name is the entity for which bonding is requested and is e its exact legal name.)	$\it referred$ to in the surety business as the Principal. The name of the company					
2. This co	ompany is a: Sole ProprietorshipPartnership	CorporationJoint VentureLLC					
3. Is the	company a parent, subsidiary, affiliate or division of and	other entity? YesNo					
If yes,	name of entity(s)						
4. How l	ong in Business?If incorp	orated, incorporation date/State					
5. Compa	Company Address						
City _		State Zip					
Compa	any Phone: ()Company Fax Numbe	r: ()E-mail Address:					
6. List ar	ny License or Permit Bonds that your company is require	d to provide					
7. List all	List all owners, officers and/or partners of the company and attach resumes for each:						
Name_		Name					
Addres	SS	Address					
—— Home	Phone # ()	Home Phone # ()					
	f Birth	Date of Birth					
	ec. #	Soc. Sec. #					
% Owi	nership	% Ownership					
	any Position	Company Position					
Spouse	Name	Spouse Name					
	ec. #	Soc. Sec. #					
Name_		Name					
Addres	ss	Address					
	DI # /						
	Phone # ()	Home Phone # ()					
	f Birth	Date of Birth					
	cc. #	Soc. Sec. #					
	nership	% Ownership					
	any Position	Company Position					
	Name	Spouse Name					
Soc. Se	PC. #	Soc. Sec. #					

	Individual's Name		Present Position	Yrs. of Const. Ex	kp. Ag	e Summarize exper	ience and education	List Tv Prior Emp	
	s a Buy-Sell agreement ir					•	•		•
	owner's death? Has a Trust been establisl						,	e? Yes	_No
		ieu ioi	ownership of p	ersoriar	ana,or	corporate assets: Tes_	140		
	Operations		,						
1. C	Give a brief description o	t the ty	pe of work you	engage	e in				
– 2. P	rofile of work:								
	a		b			c		d	
%	Classes of Construction	%	Type of Ow	ner	%	Work Performed as	Trades	s kept in house	
	General Building		Residential			Subcontractor			
	Engineering		Public			Prime Contractor*			
	Underground		Commercial			*If any % as prime, answer column d			
o yc	ou engage in any asbesto	s abate	ment or hazard	ous wa	ste remo	oval contracts? Yes	No		
	erritory (Present and Pla								
	Vhat percentage of an av					Material?	Subcontra	cted?	
	Jormal Work Program (I								
	verage Job Size:					(To) \$			
	Average Total Work on H								
	argest work on hand in onding capacity desired	-							
	ist the five largest contra	_	-			Total work	on nand \$		
J. L	Owner	acts con	Kind of Work		Name, Pho	one Number, and Fax Number		Year	Final
	OWIEI		and Location		(of Person to Contact	Contract Price	Completed	Gross Profi
9. F		vner, of	ficer, or partner	r of the	compan	y, or any business own	ed by any of them,	ever been bo	nded?
9. H	las the company, any ov			hand l	list:				
	las the company, any ov 'esNo		. If yes, for each	bona					
Y	'esNo		-						
Y	* * *		. If yes, for each Type of Bo			Surety	Dates 1	Amount	
Y P	esNoerson or Entity Bonded		Type of Bo	nd		-		Amount	
Y P xpla	esNo erson or Entity Bonded in why surety was chang	ed	Type of Bo	nd		,			
Y P xpla	esNoerson or Entity Bonded in why surety was chang	ed	Type of Bo	rety?	Yes	,			
Y P xpla Ias a	esNo erson or Entity Bonded in why surety was chang	ed sited wi N/A	Type of Bo Type of Bo th any prior Su Yes	rety?	Yes	,			_

20.	Has the company, any officer or partner, or any business owned by any of them had a bond request declined? YesNo If yes, for each declined request, list:								
		requesting bond	Surety	Size of Bond	Reason declined				
21.	Pleaselistnames	, phone numbers and fa	xnumbersofarchitectsore	ngineers familiar with you	rwork:				
22.	Please list the 3 most recent jobs you have bid, including jobs you did not get:								
	Job	Bid Date	Your Approximate Bio		imate Lowest and ds Other Than Yours				
23.	List 3 major sup	pliers and 3 major sub	contractors:						
	Name	City/State		Phone	Fax				
				()	()				
				()	()				
				<u>()</u>	<u>()</u>				
				(<u>()</u>				
				,	(
24.	I. Account Do you use a C.P.	ting, Banking A.? YesNo	g and Insuranc If yes, please give name	and phone					
				•	b ☐ Accrual ☐ % of Comp	oletion			
			ered an "S Corporation?"						
		•	☐ Completed Job ☐ A	•					
					☐ Compilation ☐ Unaudited	d			
		1 1	ared? • Annually • S	•	•				
30.	important chang	ges, a copy of the last fi		tes explaining the IMPO I	nancial statement.* If there hard changes must be				
31.	Name/Address o	f Bank							
32.	Bank Officer			Pho	one ()				
33.	Line of credit esta	ablished\$	Expiration Date_	Current po	ortion borrowed \$				
34.	Type of security:	required by bank							
35.	INSURANCE IN	FORMATION							
	Liability Insuran	ce Company							
	Liability Insuran	ce Agent and phone (if	different than Surety agen	t)					
	WorkmensComp	o.InsuranceCompany_							
	Agent for Work	nens Comp. (if differen	t than Surety or Liability aş	gent)					
	Life Insurance in	nformation:							
	Name	Insurance	Co. Name	Amount	Beneficiary				

^{*}IMPORTANT CHANGES that must be reported are changes exceeding 25% in the following categories: cash, accounts receivable, inventory, accounts payable, notes payable and taxes due.

	Any officer,	
	ner or partner	
	sNo	
luding successful and unsuccessful		
	sNo	
st in a company that declared bankruptcy,		
unsuccessful Chapters 11 and 13	sNo	
or been assessed with delay damages Yes No Yes		
a Surety		
uretyYes No Yes		
the last 5 years*		
onted company that has had disputes One, but by no means the only, anies is where there is common		
nong companies)Yes No Yes	sNo	
suits in the last 5 years		
nyment of any taxes**		
Yes No Yes		
YesNoYes		
ontributions to any trust funds*** Yes No Yes		
placing any business or personal assets	110	
	sNo	
in restricting any business or personal	1 10	
• •	sNo	
ner job or contract related disagreements. Disregard minor disputes which were nolding taxes like FICA and FUTA, sales taxes, B&O taxes, excise taxes, real and pentity. d/or profit sharing funds, union trusts, insurance funds (state or private) and size	ersonal property	
The following statement must be signed by an owner or office of the company for which bonding is being requested.		. 1 %
information is complete and correct and is given to induce the insurands. I understand that false information may constitute misrepresentational aracter, capacity and capital of the company and its employees and own	ion or fraud. I a	authorize you
Signature and Title		
Signature and Title		