



8. List any life insurance in force on owners and/or key personnel:

Name of Insured	Beneficiary	Amount
_____	_____	\$ _____
Insurance Company: _____	_____	\$ _____
_____	_____	\$ _____
Insurance Company: _____	_____	_____

9. Is there a buy/sell agreement in effect? \_\_\_\_\_ How is it funded? \_\_\_\_\_  
What continuity provisions do you have in place for the continuation of the company? \_\_\_\_\_

Who will complete current projects should something happen to the owners and/or other key employees? \_\_\_\_\_

Are there benefits for them to do so? \_\_\_\_\_

10. Are there any loans due from the owners and/or employees of this company? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Has your firm or any of its owners or officers ever petitioned for bankruptcy, failed in business or defaulted on any projects? (if yes, attach full explanation) Yes \_\_\_\_\_ No \_\_\_\_\_

12. Is your firm or any of its owners or offices currently involved in litigation? (if yes, attach full explanation) Yes \_\_\_\_\_ No \_\_\_\_\_

13. List any subsidiaries and affiliates of this firm:

Name	Owner	Type of Business
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Was there a predecessor firm? \_\_\_\_\_ If so, please name \_\_\_\_\_

15. Do all owners and spouses agree to personally indemnify? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Financial Information**

#### **Banking:**

Name of Bank: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Years with this Bank? \_\_\_\_\_  
(Street, City, State & Zip Code)

Have you established a Line of Credit? \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date established: \_\_\_/\_\_\_/\_\_\_

Security on LOC: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

#### **Accounting and Financial:**

Name of Accounting Firm: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street, City, State & Zip Code)

Name of Accountant: \_\_\_\_\_ Years with this firm? \_\_\_\_\_

Statements are prepared on what basis?      Compilation      Review      Audit

Method of preparation: \_\_\_\_\_ % of Completion \_\_\_\_\_ Completed Contract \_\_\_\_\_

Cash

On what basis are taxes paid? \_\_\_\_\_ % of Completion \_\_\_\_\_ Completed Contract \_\_\_\_\_

Cash

What is your fiscal year-end? \_\_\_\_\_ How often are financial statements prepared? \_\_\_\_\_  
(attach the last (2) fiscal year-end business financial statements)

Have operations been profitable since last statement date? Yes \_\_\_\_\_ No \_\_\_\_\_

## Bonding and Insurance:

Name of Insurance Agency: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street, City, State & Zip Code)

Name of Agent: \_\_\_\_\_ Years with this agency? \_\_\_\_\_

Present or most recent Surety company: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Years with this surety company: \_\_\_\_\_ How many bonds did you use last year? \_\_\_\_\_

How many final bonds did you need last year? \_\_\_\_\_

Largest project bonded by this surety company: \$ \_\_\_\_\_ When? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Contractor References

### List the 3 largest projects completed in the last 3 years:

1. Owner or G.C.: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Project Name and No.: \_\_\_\_\_

Contract amount \$ \_\_\_\_\_ Gross profit \$ \_\_\_\_\_ Date Completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description and location of work: \_\_\_\_\_

2. Owner or G.C.: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Project Name and No.: \_\_\_\_\_

Contract amount \$ \_\_\_\_\_ Gross profit \$ \_\_\_\_\_ Date Completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description and location of work: \_\_\_\_\_

3. Owner or G.C.: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Project Name and No.: \_\_\_\_\_

Contract amount \$ \_\_\_\_\_ Gross profit \$ \_\_\_\_\_ Date Completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description and location of work: \_\_\_\_\_

### List your 3 largest material suppliers:

1. Supplier name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_\_) \_\_\_\_\_

2. Supplier name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_\_) \_\_\_\_\_

3. Supplier name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_\_) \_\_\_\_\_

# Company Ownership

## List all owners and/or stockholders of the company:

Name: \_\_\_\_\_ Position/ Title \_\_\_\_\_ Ownership: \_\_\_\_\_%

Home address: \_\_\_\_\_  
(Street, City, State & Zip Code)

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Spouse's employer: \_\_\_\_\_ How long? \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_ Personal Bank: \_\_\_\_\_

.....

Name: \_\_\_\_\_ Position/ Title \_\_\_\_\_ Ownership: \_\_\_\_\_%

Home address: \_\_\_\_\_  
(Street, City, State & Zip Code)

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Spouse's employer: \_\_\_\_\_ How long? \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_ Personal Bank: \_\_\_\_\_

.....

Name: \_\_\_\_\_ Position/ Title \_\_\_\_\_ Ownership: \_\_\_\_\_%

Home address: \_\_\_\_\_  
(Street, City, State & Zip Code)

SSN: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Spouse's employer: \_\_\_\_\_ How long? \_\_\_\_\_

Spouse's SSN: \_\_\_\_\_ Personal Bank: \_\_\_\_\_

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### **IMPORTANT! PLEASE READ CAREFULLY!**

Each of the undersigned hereby affirms that the foregoing statements made and answers given are the truth and are made to induce the Surety to execute or procure the execution of surety bonds, and any extension, modification, or renewal thereof, or substitution therefore. Each of the undersigned further affirms that they understand the bond(s) applied for is a credit relationship, and hereby authorizes the Surety, or its authorized agent, Construction Bonding Specialists, LLC, to gather such credit information as it considers necessary and appropriate for the purposes of evaluating whether such credit should be granted.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_  
(President, Partner or Proprietor) (President, Partner or Proprietor)

#### **PLEASE ATTACH THE FOLLOWING:**

1. Last 2 fiscal year-end business financial statements.
2. Personal financial statements on all owner(s).
3. Copy of a current insurance certificate showing Construction Bonding Specialists, LLC as a certificate holder.

#### **PLEASE PROVIDE THE FOLLOWING FORMS:**

- a) Aging of accounts receivables.
- b) Resumes for all owners and key employees.

**ADDITIONAL INFORMATION MAY BE REQUIRED.  
YOU WILL BE ADVISED IF THIS IS THE CASE.**

**CONSTRUCTION BONDING SPECIALISTS, LLC**

WWW.BONDINGSPECIALIST.COM • PHONE (248)349-6227 • FAX (248)348-6762