

## Contractors Bond Application

1. Name of Business: \_\_\_\_\_

2. Address: \_\_\_\_\_ 3. Fiscal Year End \_\_\_\_\_

\_\_\_\_\_

(City)

(State)

(Zip Code)

4. Phone: (\_\_\_\_) \_\_\_\_\_ 4a. Fax: (\_\_\_\_) \_\_\_\_\_

5. Contracting Specialty: \_\_\_\_\_

6. Contact Person: \_\_\_\_\_ 7. Title: \_\_\_\_\_

8. Year Business Started: \_\_\_\_\_

9. Type of Business:    Corp.    Part.    Prop.    Sub S Corp.

10. State of Operation: \_\_\_\_\_ 11. Area of Operation: \_\_\_\_\_

12. List the corporate officers, partners or proprietors of your firm:

	<u>Name</u>	<u>Birth</u>	<u>Position</u>	<u>Owned</u>	<u>Spouse</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

13. Will the above individuals and spouses personally indemnify Surety?    Yes    No

If no, explain:

\_\_\_\_\_

14. Is there a buy / sell agreement among the owners of the business?    Yes    No

15. Is this agreement funded by life insurance?    Yes    No
16. Corp Indemnity?    Yes    No    17. Cross / Corp Indemnity?    Yes    No
18. How many people does your business employ? \_\_\_\_\_
19. How many work crews? \_\_\_\_\_
20. Has your firm or any of its proprietors ever petitioned for bankruptcy or defaulted so as to cause a loss to a Surety?    Yes    No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Is your business or any of its owners or officers currently involved in any litigation?  
 Yes    No    If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
22. What percentage of the businesses work is normally for?  
 Government Agencies \_\_\_\_\_%    Private Owners \_\_\_\_\_%
23. What percentage of the businesses work is normally subcontracted: \_\_\_\_\_%
24. Are bonds required of subs?    Yes    No
25. What trades do you normally subcontract? \_\_\_\_\_
26. What is your expected annual volume for next year? \$\_\_\_\_\_
27. What trades do you normally undertake with your own forces? \_\_\_\_\_  
 \_\_\_\_\_
28. SIC Code: \_\_\_\_\_
29. Name of your CPA: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (\_\_\_\_)\_\_\_\_\_    Contact Person: \_\_\_\_\_
30. What basis are taxes paid?    Cash    Completed Job    Accrual    % of Completion
31. On what basis are financial statements prepared?  
 Cash    Completed Job    Accrual    % of Completion
32. How often are financial statements prepared?

Annually      Semi-Annually      Quarterly      Monthly

33. Are job records kept?      Yes      No

34. Do they show job detail?      Yes      No

35. Name of your Bank: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_      Contact Person: \_\_\_\_\_

36. Amount of line of credit: \$ \_\_\_\_\_      37. Expiration Date: \_\_\_\_\_

38. What is interest rate? \_\_\_\_\_%

39. Previous Bond Companies

	<u>Name</u>	<u>Reason for Leaving</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____

40. List five of your largest contracts:

	<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded</u>	
A.	_____	_____	_____	_____	Yes	No
	Owner: _____ Design Professional: _____					
B.	_____	_____	_____	_____	Yes	No
	Owner: _____ Design Professional: _____					
C.	_____	_____	_____	_____	Yes	No

Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

D. \_\_\_\_\_ Yes No

Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

E. \_\_\_\_\_ Yes No

Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

41. List five of your major suppliers:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Contact</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

42. List five subcontractors (or contractors if you are a subcontractor) with whom you do business:

A. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_ Job: \_\_\_\_\_

B. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_ Job: \_\_\_\_\_

C. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_ Job: \_\_\_\_\_

D. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_ Job: \_\_\_\_\_

E. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_ Job: \_\_\_\_\_

43. List any subsidiaries and affiliates of the contracting firm:

	<u>Firm Name</u>	<u>Ownership</u>	<u>Type of Business</u>	<u>NANDA Code</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

