



APPLICATION

1. Name of Firm: _____
2. Address: _____ 3. Fiscal Yr. End _____
- _____ (City) _____ (State) _____ (Zip)
4. Phone: (____) _____ 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 Incorporation: _____ 11. Area of Operation: _____
12. List the corporate officers, partners or proprietors of your firm:

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

13. Will the above individual 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 firm employ? _____ 19. How many work crews? _____
20. Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? Yes No
If yes, please explain: _____
- _____
- Is your firm or any of its owners or officers currently involved in any litigation?
 Yes No. If yes, explain: _____
- _____
21. What percentage of the firm's work is normally for:
Government Agencies: _____% Private Owners: _____%
22. What percentage of the firm's work is normally subcontracted: _____%
23. Are bonds required of subs? Yes No.

25. What trades do you normally subcontract? _____

26. What is largest amount of uncompleted work on hand at one time in the past?

Amount: \$ _____ Year: _____

27. What is the largest job you expect to do during the next year? \$ _____

28. What is the largest uncompleted work program expected during the next year? \$ _____

29. What is your expected annual volume next year? \$ _____

30. What trades do you normally undertake with your own forces? _____

31. SIC CODE: _____

32. Do you lease equipment? Yes No

33. Type of lease? _____

34. What are the terms of the lease? _____

35. Name of your CPA: _____

Address: _____

Phone: _____ Contact Person: _____

36. On what basis are taxes paid? Cash Completed Job Accrual % of Completion

37. On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion

38. On what level of assurance are financial statements prepared? CPA Audit Review Compilation

39. How often are financial statements prepared? Annually Semi-annually

Quarterly Monthly

40. Do you have a full time accountant on staff? Yes No

41. Yrs. Experience _____

42. Are job cost records kept? Yes No

43. How often reviewed? _____

44. How often updated? _____

45. Do they show job detail? Yes No

46. Frequency? _____

47. Name of your bank: _____

Address: _____

Phone: _____ Contact Person: _____

48. Amount of line of credit: \$ _____

49. Expiration Date: _____ What is the interest rate? _____%

51. UCC Filing? Yes No

52. How is credit secured? _____

53. Is your firm unionized? Yes No

54. What is your firm's Dun & Bradstreet Number? _____

55. D & B Rating: _____

56. Pay Record: _____

57. Date of Rating: _____

Remarks: _____

58. Previous Bonding Companies:

Name

Reason for Leaving

A. _____

B. _____

C. _____

59. List five of your largest contracts:

Job Name

Contract Price

Gross Profit

Completion Date

Bonded?

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: _____

60. List five of your major suppliers:

	Name	Address	Telephone	Contact
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

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

- 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: _____

62. List three Architects you have done business with:

- A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

63. List key personnel, foremen or supervisors:

	Name	Position	Yr. of Birth	Yrs. Exper.	Previous Employer
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

64. List any life insurance in effect on key personnel:

	Name	Beneficiary	Amount	Cash Value
A.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			
B.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			
C.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			

65. List other insurance coverage currently in effect:

		Limits in '000's		Carrier	Expiration Date
		BI	PD		
A.	General Liability:	\$ _____	\$ _____	_____	_____
B.	Auto Liability:	\$ _____	\$ _____	_____	_____
C.	Umbrella:	\$ _____	\$ _____	_____	_____
D.	Owner's Protection:	\$ _____	\$ _____	_____	_____

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

	Firm Name	Ownership	Type Business	NANDA Code
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

REMARKS: _____

Completed by: _____
 Title: _____
 Date: _____