



**United Casualty and Surety Insurance Company**

1-800-829-2663

617-542-3545 FAX

**APPLICATION/QUESTIONNAIRE FOR CONTRACT BONDING**

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**I. Organization and Background**

1. Company Name \_\_\_\_\_  
*(The company name is the entity for which bonding is requested and is referred to as the Principal. The name of the company must be its exact legal name.)*

2. This company is a:     " Sole Proprietorship     " Partnership     " Corporation     " Joint Venture     " LLC

3. Is the company a parent, subsidiary, affiliate or division of another entity?     " Yes     " No  
If yes, name of entity(s) \_\_\_\_\_

4. How long in Business? \_\_\_\_\_     If incorporated, incorporation date \_\_\_\_/\_\_\_\_/\_\_\_\_  
State \_\_\_\_\_

5. Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*(If P.O. Box is used, also provide street address of company.)*  
Company Phone: (\_\_\_\_) \_\_\_\_\_ Company Fax No: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

6. List any License or Permit Bonds that your company is required to provide \_\_\_\_\_  
\_\_\_\_\_

7. List all owners, officers and/or partners of the company and attach resumes for each:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone #(\_\_\_\_) \_\_\_\_\_

Home Phone #(\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

% Ownership \_\_\_\_\_

% Ownership \_\_\_\_\_

Company Position \_\_\_\_\_

Company Position \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone #(\_\_\_\_) \_\_\_\_\_

Home Phone #(\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

% Ownership \_\_\_\_\_

% Ownership \_\_\_\_\_

Company Position \_\_\_\_\_

Company Position \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

8. List company's key employees, such as project managers, estimators, superintendents, other than those persons listed in question #7, and indicate their construction experience (Resumes for each containing the necessary information can be substituted):

Individual's Name	Present Position	Yrs of Const Exp.	Age	Summarize experience and education	List the Two Prior Employers

9. Is a Buy-Sell agreement in effect? \_\_\_\_\_ If so, include copy. If no Buy-Sell, what are plans for continuity of the firm in event of major owner's death? \_\_\_\_\_ Funded by Life Insurance? " Yes " No

10. Has a Trust been established for ownership of personal and/or corporate assets? " Yes " No

**II Operations**

11. Give a brief description of the type of work you engage in \_\_\_\_\_

12. Profile of work:

<b>a</b>		<b>b</b>		<b>c</b>		<b>d</b>	
%	Classes of Construction	%	Type of Owner	%	Work Performed as	Trades kept in house	
	General Building		Residential		Subcontractor		
	Engineering		Public		Prime Contractor * (If any % as prime, answer column d)		
	Underground		Commercial				

Do you engage in any asbestos abatement or hazardous waste removal contracts? " Yes " No

13. Territory (Present and Planned) \_\_\_\_\_

14. What percentage of an average job is: Labor? \_\_\_\_\_ Material? \_\_\_\_\_ Subcontracted? \_\_\_\_\_

15. Normal Work Program (Bonded and Unbonded Jobs)

Average Job Size: (From) \$ \_\_\_\_\_ (To) \$ \_\_\_\_\_  
 Average Total Work on Hand (From) \$ \_\_\_\_\_ (To) \$ \_\_\_\_\_

16. Largest work on hand in the past \$ \_\_\_\_\_ Year \_\_\_\_\_

17. Bonding capacity desired: Single job size \$ \_\_\_\_\_ Total work on hand \$ \_\_\_\_\_

18. List the five largest contracts completed in the last three years:

Owner	Type of Work and Location	Name, Phone Number, and Fax Number of Person to Contact	Approximate Contract Price	Year Completed	Final Gross Profit

19. Has the company, any owner, officer or partner of the company, or any business owned by any of them, ever been bonded?  
 " Yes " No If yes, for each bond list:

Person or Entity Bonded	Type of Bond	Surety	Dates	Amount

Explain why surety was changed \_\_\_\_\_

Has any collateral been deposited with any Surety? " Yes " No If yes, amount \$ \_\_\_\_\_

Has collateral been released? " N/A " Yes " No

Were any bonds SBA guaranteed? " Yes " No

Was an Escrow/Disbursement Service Used ? " Yes " No

20. Has the company, any officer or partner, or any business owned by any of them had a bond request declined?

" Yes " No If yes, for each declined request list:

Person or entity requesting bond	Surety	Size of Bond	Reason Declined

21. Please list names, phone numbers, and fax numbers of architects or engineers familiar with your work:


22. Please list the 3 most recent jobs you have bid, including jobs you did not get:

Job	Bid Date	Your Approximate Bid	Approximate Lowest and Highest Bids Other Than Yours

23. List 3 major suppliers and 4 major subcontractors:

Name	City/State	Phone	Fax

### III. Accounting, Banking and Insurance Etc.

24. Do you use a C.P.A.? " Yes " No If yes, please give name and phone: \_\_\_\_\_

25. Fiscal Year End \_\_\_\_\_ Basis of financial statements: " Cash " Completed Job " Accrual " % of Completion

26. Have stockholders elected to be considered an "S Corporation?" " Yes " No

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

28. On what level are financial statements prepared? " CPA Audit " Review " Compilation " Unaudited

29. How often are financial statements prepared? " Annually " Semi-annually " Quarterly " Monthly

30. There have \_\_\_ or have not \_\_\_ been **SIGNIFICANT CHANGES** since the date of the last financial statement.\* If there have been important changes , a copy of the last financial statement with notes explaining the **SIGNIFICANT CHANGES** must be attached, and the notes must be signed by an owner or officer of the company.

31. Name/Address of Bank \_\_\_\_\_

32. Bank Officer \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

33. Line of credit established \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_ Current portion borrowed \$ \_\_\_\_\_

34. Type of security required by bank \_\_\_\_\_

#### 35. INSURANCE INFORMATION

Liability Insurance Company \_\_\_\_\_

Liability Insurance Agent and phone (if different than Surety agent) \_\_\_\_\_

Workmens Comp. Insurance Company \_\_\_\_\_

Agent for Workmens Comp. (if different than Surety or Liability Agent) \_\_\_\_\_

Life Insurance Information:

Name	Insurance Co. Name	Amount	Beneficiary

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

#### IV. Disputes, Financial Difficulties, Problems, Etc.

36. Please check YES or NO to the following questions:

**Has the company or any officer or partner ever:**

	Company		Any Officer, Owner or partner	
	" Yes	" No	" Yes	" No
a. Failed in business	" Yes	" No	" Yes	" No
b. Declared bankruptcy, including successful and unsuccessful Chapters 11 and 13	" Yes	" No	" Yes	" No
c. Had an ownership interest in a company that declared bankruptcy, including successful and unsuccessful Chapters 11 and 13	" Yes	" No	" Yes	" No
d. Failed to complete a job or been assessed with delay damages	" Yes	" No	" Yes	" No
e. Had a bond canceled by a Surety	" Yes	" No	" Yes	" No
f. Been in claim with a Surety	" Yes	" No	" Yes	" No
g. Had any disputes within the last 5 years*	" Yes	" No	" Yes	" No
h. Been involved with a related company that has had disputes within the last 5 years* (One, but by no means the only, example of related companies is where there is common ownership between or among companies)	" Yes	" No	" Yes	" No
i. Been involved in any lawsuits in the last 5 years	" Yes	" No	" Yes	" No
j. Been delinquent in the payment of any taxes**	" Yes	" No	" Yes	" No
k. Had any tax liens	" Yes	" No	" Yes	" No
l. Been audited by the IRS	" Yes	" No	" Yes	" No
m. Been delinquent in any contributions to any trust funds***	" Yes	" No	" Yes	" No
n. Placed or participated in paying any business or personal asset in a trust or escrow	" Yes	" No	" Yes	" No
o. Restricted or participated in restricting any business or personal assets for any designated purpose	" Yes	" No	" Yes	" No

**If the answer to any of the above questions is yes, please attach a full explanation.**

\* Disputes include disagreements with owners, suppliers, architects, engineers, laborers and other contractors; disagreements about accounts receivable and payable; bond claims; and other job or contract related disagreements. Disregard minor disputes which were completely resolved within 30 days.

\*\* Taxes include income taxes, withholding taxes like FICA and FUTA, sales taxes, B & O taxes, excise taxes, real and personal property taxes, and any other taxes owed to any government entity.

\*\*\* Trust funds include pension and/or profit sharing funds, union trusts, insurance funds (state or private) and similar funds.

**The following statement must be signed by an owner or officer of the company for which bonding is being requested.**

I/We acknowledge that all information is complete and correct and is given to induce United Casualty and Surety Insurance Company and other carriers to execute surety bonds on our behalf. I/We understand that false information may constitute misrepresentation or fraud. I/We authorize you to investigate the credit, character, capacity and capital of the company and its employees and owners for bonding purposes.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature and Title