

CONTRACT SURETY SUBMISSION CHECKLIST

THE FOLLOWING INFORMATION IS REQUIRED ON EACH INITIAL SUBMISSION FOR CONTRACT BOND SURETY CREDIT:

- _____ 1. FISCAL YEAR-END CPA PREPARED BUSINESS FINANCIAL STATEMENTS FOR THE PAST THREE YEARS.
- _____ 2. INTERIM FINANCIAL STATEMENT – IF THE FISCAL YEAR END STATEMENT IS MORE THAN SIX MONTHS OLD.
- _____ 3. AGING OF ACCOUNTS RECEIVABLE CONCURRENT WITH THE LAST BUSINESS FINANCIAL STATEMENT.
- _____ 4. AGING OF ACCOUNTS PAYABLE CONCURRENT WITH THE LAST BUSINESS FINANCIAL STATEMENT.
- _____ 5. CURRENT SCHEDULE OF ALL UNCOMPLETED CONTRACTS IN PROGRESS USING THE ATTACHED (OR SIMILAR) FORM.
- _____ 6. CURRENT BANK LETTER USING OUR FORMAT – FORM ATTACHED.
- _____ 7. PERSONAL FINANCIAL STATEMENT AND MOST RECENT TAX RETURN ON ALL OWNERS OF THE COMPANY.
- _____ 8. FULLY COMPLETED, DATED AND SIGNED, CONTRACTORS SURETY QUESTIONNAIRE.
- _____ 9. BUSINESS PLAN FOR COMPANY DETAILING INFORMATION OUTLINES IN ATTACHED SAMPLE.
- _____ 10. RESUMES ON ALL OWNERS AND KEY EMPLOYEES.
- _____ 11. CERTIFICATE OF INSURANCE WITH CERTIFICATE HOLDER. PLEASE SHOW ALL COVERAGE'S IN FORCE

THIS INFORMATION IS REQUIRED TO PROPERLY EVALUATE YOUR ACCOUNT FOR SURETY CREDIT. WE MAY ASK FOR ADDITIONAL INFORMATION OR CLARIFICATION DURING THE UNDERWRITING PROCESS.

CONTRACTOR'S SURETY QUESTIONNAIRE

THE PURPOSE OF THE CONTRACTOR'S SURETY QUESTIONNAIRE IS TO DEVELOP SUFFICIENT INFORMATION TO ASSIST THE UNDERWRITER IN EVALUATING THE CONTRACTOR'S QUALIFICATIONS IN ORDER THAT THE UNDERWRITER WILL BE IN A POSITION TO PROVIDE THE MAXIMUM BONDING CAPACITY. ALL INFORMATION MUST BE COMPLETE. IF SPACE IS INADEQUATE, PLEASE ATTACH ADDITIONAL PAGES.

GENERAL BUSINESS INFORMATION:

COMPANY NAME (AS LICENSED): _____

STREET ADDRESS: _____
(STREET, CITY, STATE & ZIP CODE)

MAILING ADDRESS: _____

BUS. PHONE: (____) ____-____ FAX No: (____) ____-____ FED ID No: ____-____

DATE OF INCORPORATION ____/____/____ DATE BUSINESS STARTED: ____/____/____

TYPE OF FIRM: ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP ☐ SUB S CORPORATION

TYPE OF CONSTRUCTION WORK PERFORMED: _____

LIST ALL STATE CONTRACTOR'S LICENSES HELD BY YOUR COMPANY:

<u>STATE</u>	<u>LICENSE NO.</u>	<u>CLASSIFICATION – TYPE OF WORK</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. HOW MUCH OF YOUR WORK IS PERFORMED AS: GENERAL: ____% SUBCONTRACTOR ____%

2. WHAT PERCENTAGE OF YOUR WORK IS NORMALLY SUBCONTRACTED: ____%

3. WHAT TRADES DO YOU NORMALLY SUBCONTRACT: _____

4. ARE SUBCONTRACTORS REQUIRED TO BOND BACK? YES____ NO____

5. WHAT TRADES DO YOU NORMALLY UNDERTAKE WITH YOUR OWN FORCES: _____

6. WHAT IS THE AVERAGE BREAKDOWN OF YOUR FIRM'S CONSTRUCTION INCOME:

GOVERNMENTAL AGENCIES: ____% PUBLIC WORK: ____% PRIVATE

COMMERCIAL: ____% PRIVATE RESIDENTIAL: ____%

7. WHAT IS YOUR AVERAGE JOB SIZE? \$_____

8. WHAT WAS THE LARGEST PROJECT COMPLETED BY YOUR COMPANY?

\$_____ DATE COMPLETED (MO/YR)? ____/____

WHO WERE YOU UNDER CONTRACT WITH ON THIS PROJECT (NAME, ADDRESS, PHONE NUMBER, PERSON TO CONTACT)? _____

PROJECT NAME, NUMBER & LOCATION: _____

9. WHAT ARE YOUR ANTICIPATED BOND NEEDS FOR THE NEXT 12 MONTHS?

SINGLE BOND AMOUNT: \$_____ NO. OF JOBS AT ONE TIME: _____

10. WHAT IS THE LARGEST JOB YOU EXPECT TO UNDERTAKE DURING THE NEXT YEAR?

\$_____

11. WHAT IS YOUR EXPECTED ANNUAL VOLUME FOR NEXT YEAR? \$_____

12. WHAT WAS YOUR LARGEST WORK PROGRAM (UNCOMPLETED WORK-ON-HAND) IN THE LAST 3 YEARS? TOTAL AMOUNT: \$_____ WHEN (MO/YR): ____/____

NO. OF JOBS THIS ENTAILED: _____

13. LIST KEY PERSONNEL: (OFFICERS, ESTIMATORS, BOOKKEEPERS, FOREMEN, SUPERVISORS, ETC.)

NAME	POSITION	DOB	YRS EXPER.	PREVIOUS EMPLOYER

14. LIST ANY LIFE INSURANCE IN FORCE ON OWNERS AND/OR KEY PERSONNEL:

NAME OF INSURED

BENEFICIARY

AMOUNT

A. _____ \$ _____

INSURANCE COMPANY: _____

B. _____ \$ _____

INSURANCE COMPANY: _____

C. _____ \$ _____

INSURANCE COMPANY: _____

15. 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 ANY BENEFITS FOR THEM TO DO SO? _____

16. ARE THERE ANY LOANS DUE FROM THE OWNERS AND/OR EMPLOYEES OF THE COMPANY?

YES _____ NO _____

17. HAS YOUR FIRM OR ANY OF ITS OWNERS OR OFFICERS EVER PETITIONED FOR BANKRUPTCY, FAILED IN BUSINESS OR DEFAULTED ON ANY PROJECT? (IF YES, ATTACH FULL EXPLANATION)

YES _____ NO _____

18. IS YOUR FIRM OR ANY OF ITS OWNERS OR OFFICERS CURRENTLY INVOLVED IN LITIGATION? (IF YES, ATTACH FULL EXPLANATION) YES _____ NO _____

19. LIST ANY SUBSIDIARIES AND AFFILIATES OF THIS FIRM:

FIRM NAME

OWNERSHIP

TYPE OF BUSINESS

20. WAS THERE A PREDECESSOR FIRM? _____

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? _____ IF YES, AMOUNT: \$ _____

DATE ESTABLISHED: ____/____/____ SECURITY ON LOC: _____
(ATTACH COPY OF CREDIT/LOAN AGREEMENT)

BANK OFFICER: _____

ACCOUNTING & FINANCIAL:

NAME OF ACCOUNTING FIRM: _____ PHONE No: (____) _____

MAILING ADDRESS: _____

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? _____
(ATTACH LAST 3 FISCAL YEAR-END BUSINESS FINANCIAL STATEMENTS)

HOW OFTEN ARE FINANCIAL STATEMENTS PREPARED? _____

HAVE OPERATIONS BEEN PROFITABLE SINCE LAST STATEMENT DATE? YES _____ NO _____

WHAT TYPE OF ACCOUNTING SYSTEM DO YOU USE? COMPUTER _____ MANUAL _____

IF COMPUTERIZED, WHAT SOFTWARE DO YOU RUN AND WHAT PORTIONS DO YOU USE? _____

DO YOU CURRENTLY HAVE ANY DISPUTED OR QUESTIONABLE RECEIVABLES? YES _____ NO _____
(IF YES, ATTACH SEPARATE SHEET WITH EXPLANATION)

WHAT PERCENTAGE OF YOUR RECEIVABLES ARE MORE THAN 60 DAYS OLD (NOT INCLUDING RETENTION)? _____

JOB COSTING:

ARE JOB COST RECORDS KEPT?

HOW OFTEN ARE THEY REVIEWED? _____ WHO REVIEWS? _____

HOW OFTEN ARE THEY UPDATED? _____

ARE JOB COST RECORDS KEPT BY PROJECT? _____

WHO IS RESPONSIBLE FOR MAINTAINING THE RECORDS? _____

WHAT REPORTS DO YOU USE TO MONITOR PROJECTS? _____

WHAT TYPES OF RECORDS ARE MAINTAINED? _____

BONDING & INSURANCE

NAME OF INSURANCE AGENCY: _____ PHONE No: (____) _____

MAILING ADDRESS: _____

NAME OF AGENT: _____

PRESENT OR MOST RECENT SURETY COMPANY: _____ PHONE No: (____) _____

YEARS WITH THIS SURETY COMPANY: _____ HOW MANY BID BONDS DID YOU USE LAST YEAR? _____

HOW MANY FINAL BONDS DID YOU NEED LAST YEAR? _____

LARGEST PROJECT BONDED BY THIS SURETY COMPANY: \$ _____ WHEN (MO/YR): ____/____

CONTRACTOR REFERENCES

LIST THE 5 LARGEST PROJECTS COMPLETED IN THE LAST 3 YEARS:

I. OWNER OR G.C.: _____ PERSON TO CONTACT _____

MAILING ADDRESS: _____

PHONE: (____) _____

PROJECT NAME & No.: _____

CONTRACT AMOUNT \$ _____ GROSS PROFIT _____

DESCRIPTION & LOCATION OF WORK: _____

II. OWNER OR G.C.: _____ PERSON TO CONTACT _____
MAILING ADDRESS: _____
PHONE: (_____) _____
PROJECT NAME & No.: _____
CONTRACT AMOUNT \$ _____ GROSS PROFIT _____
DESCRIPTION & LOCATION OF WORK: _____

III. OWNER OR G.C.: _____ PERSON TO CONTACT _____
MAILING ADDRESS: _____
PHONE: (_____) _____
PROJECT NAME & No.: _____
CONTRACT AMOUNT \$ _____ GROSS PROFIT _____
DESCRIPTION & LOCATION OF WORK: _____

IV. OWNER OR G.C.: _____ PERSON TO CONTACT _____
MAILING ADDRESS: _____
PHONE: (_____) _____
PROJECT NAME & No.: _____
CONTRACT AMOUNT \$ _____ GROSS PROFIT _____
DESCRIPTION & LOCATION OF WORK: _____

V. OWNER OR G.C.: _____ PERSON TO CONTACT _____
MAILING ADDRESS: _____
PHONE: (_____) _____
PROJECT NAME & No.: _____
CONTRACT AMOUNT \$ _____ GROSS PROFIT _____
DESCRIPTION & LOCATION OF WORK: _____

LIST YOUR 5 LARGEST MATERIAL SUPPLIERS:

I. SUPPLIER NAME: _____ PERSON TO CONTACT: _____

MAILING ADDRESS: _____

PHONE NO.: (____) ____ - _____

II. SUPPLIER NAME: _____ PERSON TO CONTACT: _____

MAILING ADDRESS: _____

PHONE NO.: (____) ____ - _____

III. SUPPLIER NAME: _____ PERSON TO CONTACT: _____

MAILING ADDRESS: _____

PHONE NO.: (____) ____ - _____

IV. SUPPLIER NAME: _____ PERSON TO CONTACT: _____

MAILING ADDRESS: _____

PHONE NO.: (____) ____ - _____

V. SUPPLIER NAME: _____ PERSON TO CONTACT: _____

MAILING ADDRESS: _____

PHONE NO.: (____) ____ - _____

LIST 3 ARCHITECTS OR ENGINEERS WHO ARE FAMILIAR WITH YOUR WORK:

I. FIRM NAME: _____ PERSON TO CONTACT: _____

MAILING ADDRESS: _____

PHONE NO.: (____) ____ - _____

II. FIRM NAME: _____ PERSON TO CONTACT: _____

MAILING ADDRESS: _____

PHONE NO.: (____) ____ - _____

III. FIRM NAME: _____ PERSON TO CONTACT: _____

MAILING ADDRESS: _____

PHONE NO.: (____) ____ - _____

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: (____) ____/____ SPOUSES NAME: _____

SPOUSES EMPLOYER: _____ HOW LONG? _____

PERSONAL BANK: _____ SPOUSE'S SSN: _____

NAME: _____ POSITION/TITLE: _____ % OWNERSHIP: _____

HOME ADDRESS: _____
(STREET, CITY, STATE & ZIP CODE)

SSN: _____ DATE OF BIRTH ____/____/____

HOME PHONE: (____) ____/____ SPOUSES NAME: _____

SPOUSES EMPLOYER: _____ HOW LONG? _____

PERSONAL BANK: _____ SPOUSE'S SSN: _____

NAME: _____ POSITION/TITLE: _____ % OWNERSHIP: _____

HOME ADDRESS: _____
(STREET, CITY, STATE & ZIP CODE)

SSN: _____ DATE OF BIRTH ____/____/____

HOME PHONE: (____) ____/____ SPOUSES NAME: _____

SPOUSES EMPLOYER: _____ HOW LONG? _____

PERSONAL BANK: _____ SPOUSE'S SSN: _____

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 HE UNDERSTANDS THE BOND(S) APPLIED FOR IS CREDIT RELATIONSHIP, AND HEREBY AUTHORIZES THE SURETY, OR ITS AUTHORIZED AGENT, _____, TO GATHER SUCH CREDIT INFORMATION AS IT CONSIDERS NECESSARY AND APPROPRIATE FOR PURPOSES OF EVALUATING WHETHER SUCH CREDIT SHOULD BE GRANTED.

DATED THIS _____ DAY OF _____, 200__.

By: _____
(PRESIDENT, PARTNER OR PROPRIETOR)

By: _____
(CORPORATE SECRETARY, VICE PRESIDENT OR PARTNER)

RESUME

NAME: _____ HOME PHONE: (____)____-_____

HOME ADDRESS: _____
(STREET, CITY, STATE, ZIP CODE)

PERSONAL DATA:

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY#: ____-____-____ DRIVERS LICENSE#: _____

MARITAL STATUS: _____ SPOUSES NAME: _____

EDUCATION:

DID YOU GRADUATE HIGH SCHOOL? YES _____ NO _____

COLLEGE: 19____ TO 19____ - NAME OF SCHOOL: _____

COURSES STUDIED: _____

SPECIAL EDUCATION RELATING TO CURRENT BUSINESS ACTIVITY OR EMPLOYMENT: _____

BUSINESS & PROFESSIONAL EXPERIENCE

INDICATE: FIRM NAME, LENGTH OF TIME EMPLOYED, OCCUPATION/POSITION, REASON FOR LEAVING AND, IF CONSTRUCTION RELATED, LARGEST PROJECT YOU WERE INVOLVED IN.

NO. OF YEARS WITH CURRENT EMPLOYER: _____ NO. OF YEARS IN THIS INDUSTRY: _____

EMPLOYMENT HISTORY: (BEGINNING WITH CURRENT JOB)

FROM: ____/____/____ TO: ____/____/____ COMPANY: _____

POSITION: _____ RESPONSIBILITIES: _____

FROM: ____/____/____ TO: ____/____/____ COMPANY: _____

POSITION: _____ RESPONSIBILITIES: _____

FROM: ____/____/____ TO: ____/____/____ COMPANY: _____

POSITION: _____ RESPONSIBILITIES: _____

FROM: ____/____/____ TO: ____/____/____ COMPANY: _____

POSITION: _____ RESPONSIBILITIES: _____

PROFESSIONAL REFERENCES:

(NAME, ADDRESS, PHONE NUMBER, LENGTH OF TIME ACQUAINTED)

NAME: _____

ADDRESS: _____

PHONE No.: (____)____-____ TIME ACQUAINTED: _____

NAME: _____

ADDRESS: _____

PHONE No.: (____)____-____ TIME ACQUAINTED: _____

NAME: _____

ADDRESS: _____

PHONE No.: (____)____-____ TIME ACQUAINTED: _____

NAME: _____

ADDRESS: _____

PHONE No.: (____)____-____ TIME ACQUAINTED: _____

ADDITIONAL INFORMATION:

PERSONAL FINANCIAL STATEMENT AS OF _____, 20__

<u>NAME OF INDIVIDUAL:</u> _____	<u>SOCIAL SECURITY NUMBER:</u> _____	<u>DATE OF BIRTH:</u> _____
<u>NAME OF SPOUSE:</u> _____	<u>SOCIAL SECURITY NUMBER:</u> _____	<u>DATE OF BIRTH:</u> _____
<u>RESIDENCE ADDRESS:</u> (STREET, CITY, STATE, ZIP CODE) _____ _____ _____ _____		<u>HOME PHONE NUMBER:</u> (____)____-____

<u>ASSETS</u>		<u>LIABILITIES</u>	
CASH IN BANKS (COMPLETE SCHEDULE)	\$ _____	LOANS PAYABLE –BANKS (COMPLETE SCHEDULE)	\$ _____
NOTES RECEIVABLE (COMPLETE SCHEDULE)	\$ _____	NOTES PAYABLE (COMPLETE SCHEDULE)	\$ _____
ACCOUNTS RECEIVABLE (COMPLETE SCHEDULE)	\$ _____	ACCOUNTS PAYABLE (COMPLETE SCHEDULE)	\$ _____
STOCKS/BONDS/SECURITIES (COMPLETE SCHEDULE)	\$ _____	TAXES PAYABLE	\$ _____
REAL ESTATE – RESIDENCE (COMPLETE SCHEDULE)	\$ _____	MORTGAGES PAYABLE (SEE SCHEDULE)	\$ _____
REAL ESTATE - INVESTMENT/OTHER	\$ _____	OTHER LIABILITIES (COMPLETE SCHEDULE)	\$ _____
CASH VALUE LIFE INSURANCE (COMPLETE SCHEDULE)	\$ _____		\$ _____
PERSONAL PROPERTY	\$ _____	<u>TOTAL LIABILITIES:</u>	\$ _____
OTHER ASSETS (COMPLETE SCHEDULE)	\$ _____	<u>NET WORTH:</u>	\$ _____
<u>TOTAL ASSETS:</u>	\$ _____	<u>TOTAL NET WORTH & LIABILITIES</u>	\$ _____
<u>INCOME:</u>	SALARY: \$ _____ BONUS/OTHER: \$ _____	SPOUSE'S SALARY: \$ _____ BONUS/OTHER: \$ _____	<u>TOTAL INCOME:</u> \$ _____

SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: ALL DATA LISTED ABOVE MUST APPEAR IN THE APPROPRIATE SCHEDULES. INSERT "NONE" WHERE APPROPRIATE.)

CASH IN BANKS

BANK NAME, NUMBER & LOCATION	ACCOUNT NUMBER	AMOUNT
		\$
		\$
		\$

NOTES & ACCOUNTS RECEIVABLE

NAME & ADDRESS OF DEBTOR	AMOUNT DUE	DUE DATE	PLEGDED (YES/NO)	SECURITY
	\$			
	\$			
	\$			

STOCKS/BONDS/SECURITIES

NAME & NUMBER(S) OF INSTRUMENT	NO. OF SHARES	PRICE/SHARE	MARKET VALUE	EXCHANGE & CALL
		\$	\$	
		\$	\$	
		\$	\$	

REAL ESTATE (RESIDENCE/INVESTMENT/OTHER)

LOCATION & DESCRIPTION	YEAR ACQUIRED	COST	MARKET VALUE	MONTHLY INCOME	MONTHLY PAYMENT	MORTGAGE BALANCE	MORTGAGE OR LIEN HOLDER
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

CASH VALUE OF LIFE INSURANCE

NAME OF INSURANCE COMPANY	BENEFICIARY	FACE VALUE	CASH VALUE	LOANS OUTSTANDING
		\$	\$	\$
		\$	\$	\$
			\$	\$

OTHER ASSETS

DESCRIPTION	TITLE HOLDER	COST	MARKET VALUE	AGE
		\$	\$	
		\$	\$	
			\$	

LOANS PAYABLE

NAME OF LENDER	ADDRESS	BALANCE DUE	DUE IN 1 YEAR	HOW IS IT SECURED
		\$	\$	
		\$	\$	
			\$	

ACCOUNTS & NOTES PAYABLE (INCLUDING CHARGE ACCOUNTS)

PAYABLE TO WHOM	ADDRESS	AMOUNT	MONTHLY PAYMENT	DUE DATE	SECURITY
		\$	\$		
			\$		
		\$	\$		
			\$		

OTHER LIABILITIES

DESCRIPTION	PAYABLE TO WHOM	AMOUNT	MONTHLY PAYMENT	DUE DATE	SECURITY
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

A. ARE YOU CONTINGENTLY LIABLE OR AN ENDORSER ON ANY BONDS OR OTHER OBLIGATIONS?

____Yes ____No

B. ARE YOU INVOLVED IN ANY LITIGATION? ____Yes ____No

C. HAVE YOU FILED FOR BANKRUPTCY IN THE LAST 7 YEARS? ____Yes ____No

EXPLAIN ALL "YES" ANSWERS ON A SEPARATE SHEET OF PAPER

I/We HEREBY CERTIFY AND DECLARE THAT THE ABOVE STATEMENT PRESENTS ACCURATELY MY FINANCIAL CONDITION TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I/We HEREBY AUTHORIZE AND REQUEST ANY PERSON, FIRM OR CORPORATION TO FURNISH ANY INFORMATION REQUESTED BY COVERAGES UNLIMITED INCORPORATED CONCERNING ANY TRANSACTION WITH THE UNDERSIGNED: COVERAGES UNLIMITED INCORPORATED IS AUTHORIZED TO OBTAIN INFORMATION TO CONFIRM THIS FINANCIAL STATEMENT AND MAY FURNISH COPIES OF THE FOREGOING STATEMENT AND ANY INFORMATION WHICH IT CONTAINS TO OTHER COMPANIES FOR THE PURPOSE OF EVALUATING SURETY CREDIT.

By: _____ DATE: _____

By: _____ DATE: _____

By: _____
(PRINCIPAL)

PLEASE ATTACH THE FOLLOWING:

- 1) LAST 2 FISCAL YEAR-END BUSINESS FINANCIAL STATEMENTS OR IF NOT AVAILABLE SUBMIT BUSINESS TAX RETURNS FOR LAST 2 YEARS.
- 2) PERSONAL FINANCIAL STATEMENTS AND TAX RETURNS FOR ALL OWNERS FOR THE LAST 2 YEARS.
- 3) COPIES OF BANK ACCOUNT STATEMENTS WITH RECONCILIATIONS CONCURRENT WITH LAST BUSINESS AND PERSONAL FINANCIAL STATEMENTS OR TAX RETURNS TO VERIFY CASH BALANCES INDICATED ON STATEMENTS.
- 4) COPIES OF CERTIFICATE OF INSURANCE WITH AIA ADDED AS CERTIFICATE HOLDER.

PLEASE COMPLETE THE FOLLOWING FORMS:

- 1) AGING OF ACCOUNTS RECEIVABLE
- 2) AGING OF ACCOUNTS PAYABLE
- 3) CURRENT SCHEDULE OF UNCOMPLETED WORK
- 4) SCHEDULE OF COMPLETED CONTRACTS
- 5) RESUMES ON OWNERS AND KEY EMPLOYEES

BANK LETTER OF CUSTOMER RELATIONSHIP

PLEASE TAKE THIS FORM TO YOUR BANK AND REQUEST THAT THEY WRITE, ON THE BANKS LETTERHEAD, A LETTER ADDRESSED TO:

OUR BUSINESS IS TO ESTABLISH AND PLACE BONDS FOR OUR CLIENTS. ONE OF THE REQUIREMENTS OF BONDING IS FOR US TO OBTAIN A REFERENCE LETTER FROM YOUR CLIENT'S BANK.

THIS LETTER SHOULD INCORPORATE ANSWERS TO THE QUESTIONS BELOW:

1. DATE ACCOUNT OPENED
2. AVERAGE CHECKING BALANCE FOR THE PAST TWELVE (12) MONTHS AND PRESENT CHECKING AND SAVINGS BALANCE.
3. WE NEED TO KNOW THE DOLLAR FIGURE OF THE LINE OF CREDIT AVAILABLE AND THE DOLLAR FIGURE OF THE PRESENT AMOUNT IN USE. WE ALSO NEED TO KNOW THE EXPIRATION DATE OF THE LINE, IF THE LINE IS SECURED, SECURED TAKEN, OR IF UNSECURED.

IT IS VERY IMPORTANT THAT YOUR LETTER SHOWS THE FIGURES OF THE LINE OF CREDIT AS WELL AS THE PRESENT AMOUNT IN USE. WORKING CAPITAL IS AN IMPORTANT PART OF THE BONDING AND A LINE IS CONSIDERED PART OF THE WORKING CAPITAL. IF WE DO NOT HAVE THIS INFORMATION WE CANNOT PLACE AN ACCOUNT FOR BONDING.

4. AMOUNT AND TERMS OF EXISTING LOANS.
5. GENERAL RECOMMENDATIONS AS TO CHARACTER, BUSINESS QUALIFICATIONS, ETC.

Schedule of all Uncompleted Work-in-Progress

WIP

Name of Contractor:Date As Of:

Job Name & Number		Start Date	Estimated Date to Complete	Bonded (yes/no)	Contract Price	Total Billed to Date	Total Cost Date	Total Revised Cost Remaining to Complete	Total Project Costs at Completion	Estimated Gross Profit or Loss at Completion
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Contracts Completed Since Last Report Dated			
Contract Description	Final Contract Price Including Approved Change Orders	Original Estimate of Gross Profit	Final Gross Profit (Loss)

1) Do any billings include unapproved claims on disputed items?

_____YES _____NO

2) Are any contracts behind schedule and subject to penalty?

_____YES _____NO

If yes to either 1 or 2 above, attach complete explanation.

For Surety Use Only:

Schedule of Accounts Receivable

Name:		Date as of: 20		Prepared by:			Page #		of	Pages
Line #	Name of Account	Total	Month of Current	Month of 30 days past due	Month of 60 days past due	Month of 90 days past due	120 days and over		Retention (see note)	
							Date	Amount		
	Amounts Forward									
1										1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
	Total (amounts carried forward)									

Retention amounts should be shown separately and not aged.

Schedule of Accounts Payable

Name:		Date – as of:			20			Prepared by:		Page #	of	Pages
Line	Name of Account	Month of Current	Month of 30 days past due	Month of 60 days past due	Month of 90 days past due	120 days and over		Retention (see note)				
						Date	Amount					
	Amounts Forward											
1										1		
2										2		
3										3		
4										4		
5										5		
6										6		
7										7		
8										8		
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17										17		
18										18		
19										19		
20										20		
21										21		
22										22		
23										23		
	Total (amounts carried forward)											

Retention amounts should be shown separately and not aged.