



Elite Total Insurance Services

CA Broker Agency/ Agency Lic. #0G11138
444 Pearl Street, Ste. C2 Monterey, CA 93940
Phone: (866) 979-3548 ~ Fax: (866) 689-5040
www.EliteBondService.com

Thanks for choosing Elite Total Insurance Services for your bond needs! These are the things we need in order to streamline the process and save you precious time.

1. **Contractor's Questionnaire** (Please Type, application enclosed) attached.
2. **Bank Verification Letter**, on Bank Letterhead verifying average and current balances, and current lines of credit (sample enclosed). This must be signed by a Bank Representative.
3. **Two (2) Fiscal Year End Financial Statements** on the Business and Affiliated Companies, prepared by a Certified Public Accountant (if more than six (6) months old an interim statement is needed). The CPA must be informed that it should be prepared - On a Percentage of Completion basis.
4. **Personal Financial Statements** on all owners, Partners and Stockholders owning ten (10) percent or more of outstanding Stock. Cash, Marketable securities must be verified (Bank or Broker statement is preferred) attached.
5. **Status of Contracts** - Current Work in Progress (form attached).
6. **Copy of contract – Award Letter**
7. **Contract Bond Request Form** (If Bid Bond or Final Bond is required) attached.
8. **Articles of Incorporation.**
9. **Resumes on all key personnel** (sample enclosed)
10. **Current Insurance Certificate.** For HazMat Contractors please include copy of policy.

**** If you are Certified as a Minority please include your Certificate.***

CONTRACTOR'S SURETY QUESTIONNAIRE

The purpose of the Contractor's Surety Questionnaire is to develop sufficient information to assist the under writer 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 an additional page.

GENERAL BUSINESS INFORMATION:

COMPANY NAME (as licensed):

STREET ADDRESS:

(Street, City, State & Zip Code)

MAILING ADDRESS:

(Post Office Box, City, State & Zip Code)

BUS. PHONE: () - - FED ID NO: - -

DATE BUSINESS STARTED: / /

TYPE OF FIRM: { } CORPORATION { } PARTNERSHIP { } PROPRIETORSHIP

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- How much of you work is performed as a: GENERAL: _____%
SUBCONTRACTOR: _____%
- What percentage of you work is normally subcontracted: _____%
- What trades do you normally subcontract: _____
- Are subcontractors required to bond back: YES _____ NO _____
- What trades do you normally undertake with your own forces: _____
- What is the average breakdown of your firm's construction income:
GOVERNMENTAL AGENCIES: _____% PUBLIC WORK: _____%
PRIVATE COMMERCIAL: _____% PRIVATE RESIDENTIAL: _____%
- What is the average job size? \$ _____.
- What was the largest project completed by your company? \$ _____.
Date Completed (mo./year) ____/____
- Who were you under contract on this project? (Name, Address, Phone Number, Person to contact)?

- Project NAME, NUMBER, & LOCATION: _____
- What are your anticipated bond needs for the next 12 months?
Single Bond Amount: \$ _____ No. of Jobs at one time: _____
- What is the largest job you expect to undertake during the next year? \$ _____



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13. What is you expected annual volume for next year? \$ _____
14. 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: _____.
15. What percentage of you inventory is held for:
 JOBS IN PROGRESS: _____% HELD FOR RETAIL: _____%
 HELD FOR WHOLESALE: _____% SALVAGE FROM PRIOR JOBS: _____%
16. Avg. # of employees: _____. Avg. # of work crews: _____. Avg. # on each crew: _____.
 Total # of office staff: _____, Positions: _____
17. List key personnel: (officers, estimators, bookkeepers, foremen, supervisors, etc.)

<u>NAME</u>	<u>POSITION</u>	<u>D.O.B.</u>	<u>YRS.EXPER.</u>	<u>PREVIOUS EMPLOYER</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>NAME OF INSURED</u>	<u>BENEFICIARY</u>	<u>AMOUNT</u>
A. _____ Insurance Company: _____	_____	\$ _____
B. _____ Insurance Company: _____	_____	\$ _____
C. _____ Insurance Company: _____	_____	\$ _____

19. 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? _____

20. Are there any loans due from the owners and/or employees of the company? YES ___ NO ___
21. Has your firm or any of its owners or officers ever petitioned for bankruptcy? YES ___ NO ___
 failed in business or defaulted on any project? (if yes attach full description)
22. Is your firm or any of its owners or officers currently involved in any litigation? YES ___ NO ___
23. List any subsidiaries and affiliates of this firm:

<u>FIRM NAME</u>	<u>OWNERSHIP</u>	<u>TYPE OF BUSINESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION

BANKING:

Name of Bank: _____ Phone No.: () _____

Mailing Address: _____

(Street, City, State & Zip Code)

Years with this bank: _____, Account Numbers: _____

Have you established a Line Of Credit? _____ If yes, Amount \$ _____,

Date Estab. ____/____

Security on LOC: _____, Bank Officer: _____

(Attach copy of Credit/Loan Agreement)

ACCOUNTING:

Name of Accounting Firm: _____ Phone No.: () _____

Mailing Address: _____

(Street, City, State & Zip Code)

Name of Accountant: _____, Years with this firm: _____

Statements are prepared on what basis: COMPILATION _____ REVIEW _____ AUDIT _____

On what basis are taxes paid? % OF COMPLETION _____ COMPLETED CONTRACT _____ CASH _____

What is your FISCAL YEAR-END? _____. How often are financial statements prepared? _____

(attach last 3 fiscal year-end business financial statements)

Have operations been profitable since last statement date? YES _____ NO _____

Have stockholders elected Sub "S" filing status for the corporation? YES _____ NO _____

(If yes, attach copies of personal income tax returns for last 3 years)

Are job cost records kept? YES _____ NO _____

How often are they reviewed? _____. By Whom? _____

How often are they updated? _____. Do they show job detail _____ (Attach sample copies)

BONDING & INSURANCE:

Name of Insurance Agency: _____ Phone No.: () _____

Mailing Address: _____

(Street, City, State & Zip Code)

Name of Agent: _____ Years with this agency? _____

Present or most recent Surety Company: _____ Phone No.: () _____

Years with this Surety Company: _____ Name of Surety Underwriter: _____

Largest project bonded with this Surety Company: \$ _____ When (mo./yr.): ____/____

List insurance coverage currently in effect: Limits in 000's

	<u>BI</u>	<u>PD</u>	<u>CARRIER</u>	<u>EXPIRATION DATE</u>
General Liability	\$ _____	\$ _____	_____	_____
Auto Liability	\$ _____	\$ _____	_____	_____
Umbrella	\$ _____	\$ _____	_____	_____
Owners Protection	\$ _____	\$ _____	_____	_____
Completed Operations	\$ _____	_____	_____	_____
Equipment Floater	\$ _____	_____	_____	_____

CONTRACTOR REFERENCES

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

1. Owner or G.C. _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____
Project Name & No.: _____ Contract Amount \$ _____ Yr. Completed _____
Description & Location of Work: _____

2. Owner of G.C. _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____
Project Name & No.: _____ Contract Amount: \$ _____ Yr. Completed _____
Description & Location of Work: _____

3. Owner of G.C. _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____
Project Name & No.: _____ Contract Amount: \$ _____ Yr. Completed _____
Description & Location of Work: _____

4. Owner of G.C. _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____
Project Name & No.: _____ Contract Amount: \$ _____ Yr. Completed _____
Description & Location of Work: _____

5. Owner of G.C. _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____
Project Name & No.: _____ Contract Amount: \$ _____ Yr. Completed _____
Description & Location of Work: _____

LIST YOUR 5 LARGEST MATERIAL SUPPLIERS:

1. Supplier Name: _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____
2. Supplier Name: _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____
3. Supplier Name: _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____
4. Supplier Name: _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____
5. Supplier Name: _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____

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

1. Firm Name: _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____
2. Firm Name: _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____
3. Firm Name: _____ Person to Contact: _____
Mailing Address: _____ Phone (____) _____

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 Legal Name: _____ Spouses S.S.#: _____
Personal Bank: _____ Account Number: _____
Bank Address: _____ Phone Number: (____) _____
(Street, City, State & Zip Code)

Name: _____ Position/Title: _____ % Ownership: _____
Home Address: _____
(Street, City, State & Zip Code)
SSN: _____ Date of Birth: ____/____/____ Home Phone: (____) _____
Spouses Legal Name: _____ Spouses S.S.#: _____
Personal Bank: _____ Account Number: _____
Bank Address: _____ Phone Number: (____) _____
(Street, City, State & Zip Code)

Name: _____ Position/Title: _____ % Ownership: _____
Home Address: _____
(Street, City, State & Zip Code)
SSN: _____ Date of Birth: ____/____/____ Home Phone: (____) _____
Spouses Legal Name: _____ Spouses S.S.#: _____
Personal Bank: _____ Account Number: _____
Bank Address: _____ Phone Number: (____) _____
(Street, City, State & Zip Code)

Name: _____ Position/Title: _____ % Ownership: _____
Home Address: _____
(Street, City, State & Zip Code)
SSN: _____ Date of Birth: ____/____/____ Home Phone: (____) _____
Spouses Legal Name: _____ Spouses S.S.#: _____
Personal Bank: _____ Account Number: _____
Bank Address: _____ Phone Number: (____) _____
(Street, City, State & Zip Code)

IMPORTANT....(Read Carefully)

Each of the undersigned hereby affirms that 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 a credit relationship, and hereby authorizes the Surety, or its agent, **ELITE TOTAL INSURANCE SERVICES**, 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 _____, 20 _____.

BY: _____ BY: _____
(President, Partner, or Proprietor) (Corporate Secretary, Vice President or Partner)

ADDITIONAL INFORMATION MAY BE REQUIRED, YOU WILL BE ADVISED!

BUSINESS PLAN REQUIREMENTS

Surety companies today now require a "Business Plan" on each new applicant for Surety Bond Credit. The plan can range from a sophisticated set of projections to a simple narrative from the contractor. We suggest a letter on your letterhead commenting on these areas:

- 1) Brief overview of your company's history:
 - a) When, how and why was the company formed?
 - b) What were your original goals-have they been met?
 - c) What kind of work do you do exactly-what work do you customarily do yourselves-what trades do you customarily subcontract out?
 - d) What percentage of your work do you do as a general contractor-what trades do you customarily subcontract out?
 - e) What percentage of your work is public work-what percentage is private work?

- 2) Brief summary of the company's growth to date:
 - a) How do you plan to maintain your growth?
 - b) What volume do you anticipate over the next 12 month - 3 years - 5 years? (Be conservative and realistic).
 - c) What is the dollar amount of the largest single project ever completed - when was it completed?
 - d) What was the dollar amount of the largest work on hand (to complete) in the last 3 years-when-how many projects were you working on?

- 3) Outline your organization's manpower/structure:
 - a) Who are your key employees?
 - b) What are their responsibilities?
 - c) How long have they been with your organization - been in the industry?
 - d) What are their strengths?

- 4) What continuity provisions do you have in place for the company:
 - a) Who will complete current projects should something happen to the owners and/or other key employees?

- 5) Explain any prior year end losses and what you plan to do to prevent them from happening again. Explain any litigation the company has been involved in in the last 5 years.

If you have financial projections or other information you feel would enhance your case, you may include that information as well.

RESUME

NAME: _____ HOME PHONE (____) _____

HOME ADDRESS: _____
(Street, City, State & Zip Code)

PERSONAL DATA:

Date of Birth: ____/____/____ Social Security #: ____-____-____
Drivers License #: _____

Marital Status: _____ Spouses Name: _____
Spouses S.S.#: ____-____-____

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: ____

Prior Employment:

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 Aquatinted)

NOTE: This sample letter must be supplied to your banker. This outline must be followed and all current balances and average balances must be indicated in actual dollar amounts. Should your banker have any questions, please have him/her contact our home office at Toll Free (800) 452-7121.

SAMPLE BANK LETTER BANK LETTERHEAD

DATE:

ELITE TOTAL INSURANCE SERVICES
444 Pearl St #c2
Monterey CA, 93940

RE: BANK RELATIONS/MR. JOHN DOE AND ABC CONSTRUCTION COMPANY

Mr. John Doe originally opened his accounts with this institution on DATE and maintains the following accounts:

BUSINESS CHECKING ACCOUNT: Acct #000000000-1; CURRENT BALANCE=
\$10,245.00; 6 mo. avg. Balance= \$18,700.00

BUSINESS CHECKING ACCOUNT: Acct #000000000-2; CURRENT BALANCE=
\$30,876.00; 6 mo. avg. Balance= \$32,500.00

PERSONAL CHECKING ACCOUNT: Acct #000000000-3; CURRENT BALANCE=
\$9,624.00; 6 mo. avg. Balance= \$3,200.00

PERSONAL SAVINGS ACCOUNT: Acct #100000000-1; CURRENT BALANCE=
\$12,900.00; 6 mo. avg. Balance= \$10,400.00

Certificate of Deposit in the name of John Doe or Jane Doe: No. 666666-1;
Amount= \$50,000.00;

Term= 1 year; Opened - 11/30/90; matures - 11/30/90; AUTOMATICALLY RENEWABLE

Mr. Doe also maintains a **Revolving line of Credit** in the name of ABC Construction Company for working capital. **AMOUNT = OPENED** - 6/12/91; **EXPIRATION** - 6/12/96; **SECURITY** - Trust Deed on 123 Elm St., Anytown, USA and personal guarantee of Mr. & Mrs. Doe; **TERMS** - 2% over banks prime rate but not less than 9%; **CURRENT AMOUNT OUTSTANDING** = \$22,670.00

Mr. Doe has conducted all of his relationships in a very satisfactory manner and is on of our most valued customers.

Very Truly Yours,

By: (Bank Officer)
Typed name and title

CONTRACT BOND REQUEST FORM

BID _____ FINAL _____ DOT Y ____ N ____

Date: _____ Underwriter: _____

Principal: _____

Obligee: _____

Address: _____

Bid Date & Time: ____/____/____ Est. Contract Price: \$_____ Bid Bond %: _____

Job Description: _____

Contract No. _____ Project Manager: _____ Ph.#: (____) ____ - ____

Location: City: _____ State: _____ Zip: _____

% Performance: _____ %Labor & Material: _____

Start Date: _____ Comp. Date: _____ Time to Complete: _____

Length of Warranty: _____ Penalties: \$_____/Per Day

Bid Spread: 1st- _____ 2nd- _____ 3rd- _____

Please include a copy of the contract & award letter with your request.

Note: if you are a low bidder by more than 10%, please include a written bid explanation and a copy of your cost breakdown.

List all surety bonds including outstanding low bid bonds

Bond #	Eff. Date	Bond Amount	Cont. Amount	Amt. Uncompleted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		Total -	_____	_____

Total Uncompleted Work On Hand Unbonded: \$ _____

WORK IN PROGRESS REPORT

PERIOD ENDING:

Description of uncompleted contracts	Bonded (Y,N)	1	2	3		4	5	6
		Estimated Completion Date	Total Revised Contract Price (including change orders)	Original Estimate of Gross Profit	Original Gross Profit %	Total Amount Billed to Date (including retainage)	Cost Incurred To Date	Estimated Cost to Complete
					3/2			
		TOTALS						



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PERSONAL FINANCIAL STATEMENT

AS OF _____, 20 _____

NOTE: This form is to be used for PERSONAL FINANCIAL STATEMENTS only. NOT TO BE USED FOR BUSINESS STATEMENTS

PERSONAL FINANCIAL STATEMENT OF:

NAME _____ S.S. NO. _____ D.O.B. _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

NAME OF SPOUSE _____ S.S. NO. _____ D.O.B. _____

BUSINESS PHONE _____ HOME PHONE _____

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)		Notes payable to (names and addresses):	
Cash In following banks (names and addresses):		
.....		
.....		
.....		Sales contracts & chattel mtgs. (Sch 6)	
Stocks and bonds (Schedule 1)		Accounts payable	
Accounts receivable (Schedule 2)		Current portion of long term debt	
Notes receivable		Other current liabilities (Schedule 6)	
Other current assets (Itemize):		
.....		
.....		Current year's income taxes unpaid	
.....		Prior year's income taxes unpaid	
.....		Real estate taxes unpaid	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES	
Real estate (Schedule 4):		Real estate debt (Schedule 4):	
Residence		Residence	
Other		Other	
Cash value of life Insurance (Schedule 5):		Borrowed on life insurance (schedule 5):.....	
Other assets and Investments (Schedule 6):		Other long term debt (Schedule 6):	
.....		
.....		
.....		
.....		TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____

GIVE DETAILS _____

SCHEDULE 1. STOCKS AND BONDS

Name of security	No. shares	If any pledged, state to whom and for what purpose	Dividends paid last two years	Market value	Book value

TOTALS \$ _____ \$ _____

SCHEDULE 2. ACCOUNTS RECEIVABLE

Name and address (street and city) from whom due	For what is it due	When sold	When due	Amount

TOTALS \$ _____

SCHEDULE 3. NOTES RECEIVABLE

Name and address (street and city) from whom due	For what due	How secured	Date	Maturity	Amount

TOTALS \$ _____

SCHEDULE 4. REAL ESTATE

Description of property	Title in name of	Market value	Cost	DATE acquired	Amount encumbrance	Monthly payments	Monthly income

TOTALS \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

SCHEDULE 5. LIFE INSURANCE - CASH VALUE

Name of company	Policy number	Name of Insured	Beneficiary	Face value	Cash value	Amount borrowed

SCHEDULE 6. DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish ELITE TOTAL INSURANCE SERVICES, upon request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

SIGNED AND SEALED THIS _____ DAY OF _____ 20 _____
