

# Questionnaire for Contract Bonding

**INSTRUCTIONS:** This form must be completed by first time applicants and those applicants who have not completed this form within one year.

Agent/Producer \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

FAX (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

1. Company \_\_\_\_\_  
*The company name is the entity for which bonding is requested and must be its legal name.*

2. Company Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Co. Phone No. (\_\_\_\_\_) \_\_\_\_\_ Co. Fax No. (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

3. How Long in business? \_\_\_\_\_ If incorporated, incorporation date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ State \_\_\_\_\_

4. Subsidiaries or Affiliates: \_\_\_\_\_

5. List all owners, officers and/or partners of the company:

Name _____	Name _____
Title _____ % Ownership _____	Title _____ % Ownership _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone # _____	Home Phone # _____
SS# _____	SS# _____
Spouse Name _____	Spouse Name _____
SS# _____	SS# _____

6. Key Employees (i.e. Estimators, Project Managers, etc..) \_\_\_\_\_

	Years Experience	Prior Employer
_____	_____	_____
_____	_____	_____

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

Owner	Kind of Work and Location	Contact Person/ Phone Number & Fax Number	Approximate Contract Price	Year Completed	Final Gross Profit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. a. List the two largest jobs you presently have underway, giving the following information:

Owner or General	Contact Person/ Phone Number & Fax Number	Kind of Work and Location	Contract Price	% Complete	Date to be Completed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

b. Total Uncompleted Work On Hand \$ \_\_\_\_\_

c. Do you have any receivables, as of this date, over 60 days? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give details.  
 \_\_\_\_\_

9. List the major suppliers and subcontractors with whom you have done business within the last 12 months:

Name of Account Payable	Amount Owed	% Over 60 Days	Contact Person/ Phone Number & Fax Number
_____	_____	_____	_____
_____	_____	_____	_____

10. List names, phone numbers and fax numbers of architects and engineers familiar with your work  
(If a subcontractor list general contractors) :

.....  
 .....  
 .....

11. Attorney's name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Accountant's name \_\_\_\_\_ CPA? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

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

12. Liability Insurance Company \_\_\_\_\_ Agent's Name \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Agent's Phone (\_\_\_\_) \_\_\_\_\_ Agent's Fax (\_\_\_\_) \_\_\_\_\_

**13. Operations**

- a. Type of work you perform: \_\_\_\_\_
- b. Trades performed in house: \_\_\_\_\_
- c. Trades subcontracted: \_\_\_\_\_
- d. What percentage of an average job is Labor? \_\_\_\_\_ Material? \_\_\_\_\_ Subcontracted? \_\_\_\_\_
- e. Do you have adequate equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Owned \_\_\_\_\_ Leased
- f. Territory (present and planned) \_\_\_\_\_
- g. Largest work on hand in the past \$ \_\_\_\_\_ Year \_\_\_\_\_ No. Jobs \_\_\_\_\_
- h. Average job size \$ \_\_\_\_\_ Average total work on hand \$ \_\_\_\_\_
- i. Bonding capacity desired: single job size \$ \_\_\_\_\_ Total work on hand \$ \_\_\_\_\_

**14. Disputes, Financial Difficulties, Problems, Etc.**

	Company	Any officer, owner or partner
a. Failed in business or declared bankruptcy?.....	Yes ___ No ___	Yes ___ No ___
b. Failed to complete a job or been assessed with delay damages?....	Yes ___ No ___	Yes ___ No ___
c. Been in claim with a Surety?.....	Yes ___ No ___	Yes ___ No ___
d. Been involved in any lawsuits in the last 5 years?.....	Yes ___ No ___	Yes ___ No ___
e. Been involved in any disputes in the last 5 years?.....	Yes ___ No ___	Yes ___ No ___
f. Been delinquent in payment of any taxes?.....	Yes ___ No ___	Yes ___ No ___
g. Do you have any corporate or personal assets held in trust or escrow accounts?.....	Yes ___ No ___	Yes ___ No ___
h. Are any business or personal assets restricted or pledged for any purpose (i.e. collateral for a loan, etc.)?.....	Yes ___ No ___	Yes ___ No ___
i. Bonded or declined bonding in last three years?.....	Yes ___ No ___	Yes ___ No ___

**Explain all "yes" answers fully below or attach explanation**

.....  
 .....  
 .....

15. There have \_\_\_ or have not \_\_\_ been **IMPORTANT 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 **IMPORTANT CHANGES** must be attached, and the notes must be signed by an owner or officer of the company.

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

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

I acknowledge that all information is complete and correct and is given to induce the insurance company to execute surety bonds. I understand that false information may constitute misrepresentation or fraud. I 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 \_\_\_\_\_

# CONTRACTORS BONDING AND INSURANCE COMPANY

## Personal and Company BANK AUTHORIZATION LETTER

### CONTRACTOR:

In order to help us fully evaluate your PERSONAL and/or COMPANY financial condition, please complete this **TOP** section. By signing and dating this form, you are authorizing your bank(s) to release to us the following information:

- A) History with your bank; D) Line(s) of credit and terms: Prompt payments? Secured by? Available balance?;  
B) Current and average account balances; E) Loan(s) and terms: Prompt payments? Secured by?;  
C) Amount in CDs; F) New loans under consideration.

TO: BANK #1 BANK #2

Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Bank Officer _____	Bank Officer _____
Phone (____) _____	Phone (____) _____
FAX (____) _____	FAX (____) _____
Account #s _____	Account #s _____

*I understand that this authorization is a continuing authorization, and that the bank is hereby instructed to provide Contractors Bonding and Insurance Company with information requested, whenever requested and whether requested orally or in writing, unless and until I give the bank written instructions to the contrary.*

\_\_\_\_\_  
Print Name/Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **FOR BANK USE ONLY:**

CBIC is considering a \$ \_\_\_\_\_ single bond and/or \$ \_\_\_\_\_ aggregate bond line.

The person(s)/company above have authorized you to release to Contractors Bonding and Insurance Company the information herein. Please complete the section below and return to the CBIC office listed at the bottom of this page.

Type of Acct. _____	Type of Acct. _____
Opening Date _____	Opening Date _____
Current Balance \$ _____	Current Balance \$ _____
Average Balance \$ _____	Average Balance \$ _____
Rating _____	Rating _____
# of NSF _____	# of NSF _____

Line of Credit Established \$ \_\_\_\_\_ CDs \$ \_\_\_\_\_  
Secured By \_\_\_\_\_  
Current Portion Borrowed \$ \_\_\_\_\_  
Expiration Date \_\_\_\_\_

<u>Open Loans: #1</u>	<u>Open Loans: #2</u>
Original Balance \$ _____	Original Balance \$ _____
Current Balance \$ _____	Current Balance \$ _____
Payments \$ _____	Payments \$ _____
Secured By _____	Secured By _____
Maturity Date _____	Maturity Date _____
Opening Date _____	Opening Date _____

Comments:

By \_\_\_\_\_  
Bank Officer's Signature                      Date