|  |  |
| --- | --- |
| Name of Firm |       |
| Street Address |       |
| City |       | State |    | Zip |       |
| Phone |       | Fax |       |
| E-Mail |       | Web Site |       |
| Federal Tax ID No |       | Year Business Started |       |
| Type of Business: | [ ] Proprietor | [ ] Partnership | [ ] Corp. | [ ] Sub-S | [ ] LLC |
| Date of Incorporation |       | Date present management assumed control |       |
| Contract Specialty |       | Market area |  |

**List the corporate officers, partners, or proprietors of your firm:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |       |  | **Name** |       |
| Address |       |  | Address |       |
|       |  |  |       |
| Home Phone No. |       |  | Home Phone No. |       |
| Date of Birth |       |  | Date of Birth |       |
| Soc. Sec. No. |       |  | Soc. Sec. No. |       |
| % Ownership |       |  | % Ownership |       |
| Company Position |       |  | Company Position |       |
| Spouse Name |       |  | Spouse Name |       |
| Soc. Sec. No. |  |  | Soc. Sec. No. |  |
| **Name** |       |  | **Name** |       |
| Address |       |  | Address |       |
|       |  |       |
| Home Phone No. |       |  | Home Phone No. |       |
| Date of Birth |       |  | Date of Birth |       |
| Soc. Sec. No. |       |  | Soc. Sec. No. |       |
| % Ownership |       |  | % Ownership |       |
| Company Position |       |  | Company Position |       |
| Spouse Name |       |  | Spouse Name |       |
| Soc. Sec. No. |  |  | Soc. Sec. No. |  |

**List any other companies or affiliates or trusts in which this firm or its stockholders have an interest:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Firm or Trust Name** |  | **% Ownership** |  | **Type of business** |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
| Is there a buy/sell agreement among owners of the business? | [ ] Yes | [ ] No |
| How is the buy/sell agreement funded? |       |

Are there any trust agreements in effect which now hold, or will hold at some future date, any of the company's stock or assets? \_\_\_\_\_\_\_\_\_ If so, please attach a copy.

**ORGANIZATION AND WORK PROGRAM**

|  |  |  |
| --- | --- | --- |
| Is your firm 8a certified? [ ] Yes [ ] No | If yes, what is the exit date of the certification? |  |
| How many people does your firm employ? |       | How many work crews? |       |
| What percent of firm's work program is for government |      % | Private owners |      % |
| What is the largest project you anticipate in the next year? | $      |
| What is the firm's expected sales volume next year? | $      |
| What trades are normally undertaken with your own forces? |       |
|       |
| What trades are normally subbed out? |       |
|       |
| Percent of work normally subbed out |      % | Are subs bonded? [ ] Yes [ ] No |
| Do you anticipate any equipment purchases? [ ] Yes [ ] No | Does your firm lease equipment? [ ] Yes [ ] No  |
| Have you been, or do you intend to be, involved in real estate development, design/build work, turnkey projects |
| or speculative building? If so, please explain  |       |
|       | Is your firm union? [ ] Yes [ ] No |

**List key personnel, foreman or supervisors**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | **Position** |  | **Age** |  | **Yrs. Exp.** |  | **Yrs. With Firm** |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |

**Life insurance in effect on owners and key personnel:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | **Beneficiary** |  | **Amount** |  | **Cash Value** |  | **Carrier** |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |  |       |
| Are any of the above policies assigned? | [ ] Yes [ ] No | Which |       | To whom |       |

**FINANCIAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of CPA |       | Contact |       |
| Street Address |       |
| City |       | State |    | Zip |       |
| Phone |       | Fax |       |
|  Fiscal year end date |       | Type of Statement  |  [ ] Audit  | [ ] Review  | [ ] Compilation |
| How are financial statements prepared? | [ ] Cash | [ ] Accrual | [ ] Completed contract | [ ] % of completion |
| How often are financial statements prepared? | [ ] Monthly | [ ] Quarterly | [ ] Semi-Annually | [ ] Annually |
| On what basis are taxes paid? | [ ] Cash | [ ] Accrual | [ ] Completed contract | [ ] % of completion |

**BANK INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Bank |       | Contact |       |
| Street Address |       |
| City |       | State |    | Zip |       |
| Phone |       | Fax |       |
| Amount of Line of Credit | $      | Expiration Date |        |
| How is the credit line secured? |       |
|       |

**LEGAL**

|  |  |
| --- | --- |
| Name and address of legal counsel |       |
|       |

Is your firm or any of its Owners or Officers currently involved in any litigation, claim or claim review with your current or any prior Surety? [ ] Yes [ ] No. (If Yes, Please Explain on Separate Sheet)

Are any of the firm’s accounts receivable, completed work or work in progress in dispute, litigation, claim or claim review? [ ] Yes [ ] No. (If Yes, Please Explain on Separate Sheet)

Are there any liens for labor or materials filed on any of your contractors, or do you have any disputes over a contract or payment for labor and materials? [ ] Yes [ ] No. (If Yes, Please Explain on Separate Sheet)

Has your firm or any of its officers or shareholders ever

|  |  |
| --- | --- |
| * Petitioned for bankruptcy
 | [ ] Yes [ ] No |
| * Failed in business
 | [ ] Yes [ ] No |
| * Been convicted of a crime
 | [ ] Yes [ ] No |
| * Failed to complete a job
 | [ ] Yes [ ] No |
| * Participated in a contract or project that resulted in a loss to a Surety?
 | [ ] Yes [ ] No |

(If Yes to any of the above, please explain on separate sheet)

|  |  |
| --- | --- |
| Are the officers or shareholders United States citizens? | [ ] Yes [ ] No |

**REFERENCES**

**List your three largest suppliers**

|  |  |  |  |
| --- | --- | --- | --- |
| Supplier Name |       | Phone |       |
| Address |       | Fax |       |
| Contract Name |       | Material |       |
| Supplier Name |       | Phone |       |
| Address |       | Fax |       |
| Contract Name |       | Material |       |
| Supplier Name |       | Phone |       |
| Address |       | Fax |       |
| Contract Name |       | Material |       |

**Three subcontractors (or GC If you are a sub) with whom you've worked:**

|  |  |  |  |
| --- | --- | --- | --- |
| Subcontractor Name |       | Phone |       |
| Address |       | Fax |       |
| Contract Name |       | Trade |       |
| Subcontractor Name |       | Phone |       |
| Address |       | Fax |       |
| Contract Name |       | Trade |       |
| Subcontractor Name |       | Phone |       |
|  Address |       | Fax |       |
| Contract Name |       | Trade |       |

**List your five largest contracts:**

|  |  |  |  |
| --- | --- | --- | --- |
| Contract Name |       | Location |       |
| Owner/GC Name |       | Phone |       |
| Address |       | Fax |       |
| Contact Name |       | Job ID |       | [ ] Bonded |
| Gross Profit | $      | Contract price | $      | Completion Date |       |
| Contract Name |       | Location |       |
| Owner/GC Name |       | Phone |       |
| Address |       | Fax |       |
| Contact Name |       | Job ID |       | [ ] Bonded |
| Gross Profit | $      | Contract price | $      | Completion Date |       |
| Contract Name |       | Location |       |
| Owner/GC Name |       | Phone |       |
| Address |       | Fax |       |
| Contact Name |       | Job ID |       | [ ] Bonded |
|  Gross Profit | $      | Contract price | $      | Completion Date |       |
| Contract Name |       | Location |       |
| Owner/GC Name |       | Phone |       |
| Address |       | Fax |       |
| Contact Name |       | Job ID |       | [ ] Bonded |
| Gross Profit | $      | Contract price | $      | Completion Date |       |
| Contract Name |       | Location |       |
| Owner/GC Name |       | Phone |       |
| Address |       | Fax |       |
| Contact Name |       | Job ID |       | [ ] Bonded |
| Gross Profit | $      | Contract price | $      | Completion Date |       |

**Previous bonding companies:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | Largest Amt. Bonded |  | Period Bonded |  | Reason for Leaving |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |

**ENVIRONMENTAL**

|  |  |
| --- | --- |
| List Contaminates your company regularly handles |       |
|       |

Please describe type of Environmental Training your employees have received:

|  |
| --- |
|       |
|       |
|       |
|       |
| How Long do you maintain project records? |       |
| Do you have an attorney on staff [ ] Yes [ ] No | Name |       | Phone # |       |

Does Attorney participate in contract language review Bid No-Bid decisions? [ ] Yes [ ] No

Does company accept Generator or ownership Status? [ ] Yes [ ] No

Does company Arrange for Disposal of Hazardous Waste? [ ] Yes [ ] No

**PROPERTY & CASUALTY INSURANCE**

**Please attach a Certificate of Insurance**

THIS FORM MUST BE COMPLETED BE COMPLETED BY A PRINCIPAL SHAREHOLDER, PARTNER OR PROPRIETOR WHO MUST EXECUTE THE FOLLOWING CERTIFICATION:

**I certify that the information contained herein is accurate and complete. I promise to notify Tonry Insurance Group, Inc. as Agent for Surety immediately if I learn that any of the information herein is inaccurate or if the answers to these questions change. I understand the Surety Company will rely on this information, and my promise to update such information as it changes, in making their decisions to issue bonds. I understand that submission of false information to a surety and or insurance company may constitute a crime under applicable state and federal law.**

|  |  |  |  |
| --- | --- | --- | --- |
| BY: |  | Date:. |  |
| Printed Name: |  | Title: |  |

**CHECKLIST**

Please include the following items to make your bond application complete.

**[ ] Last three years corporate fiscal year end financial statements**

**[ ] Current interim report if available**

**[ ] Listing of aged accounts receivable**

**[ ] Personal financial statements for all principals**

**[ ] Copy of certificate of insurance**

**[ ] Resumes on all key personnel**

**[ ] Current work on hand schedule**

**Tonry Use Only:**

Are you currently the agent handling the surety needs for this contractor? [ ] Yes [ ] No If yes, how long have you been handling this account?

Is this a [ ] direct account to the Agency or [ ] Brokered Business? If Brokered, what is the name of the sub-producing agency & sub-producer?

Are you aware of any pending litigation, claims, disputes or claims review against this contractor?

[ ] Yes [ ] No (If Yes, Please Explain on Separate Sheet)

Are you aware of any accounts receivable, completed work, or work currently in progress that is in dispute, litigation, claim or claim review against this contractor? [ ] Yes [ ] No (If Yes, Please Explain on Separate Sheet)

Are you aware if this principal uses a factoring company to factor accounts receivable? [ ] Yes [ ] No (If Yes, Please Explain on Separate Sheet)

I have reviewed the information contained in the questionnaire and to the best of my knowledge I am not aware of any discrepancies, inaccuracies or omissions. I promise to notify the Surety Company if I learn that any of the information herein is inaccurate or if the answers to these questions change. I understand the Surety Company will rely on this information, and my promise to update such information as it changes, in making their decisions to issue bonds. I understand that submission of false information to a surety and or insurance company may constitute a crime under applicable state and federal law.

|  |  |  |  |
| --- | --- | --- | --- |
| BY: |  | Date:. |  |
| Printed Name: |  | Title: |  |