



# APPLICATION/QUESTIONNAIRE FOR CONTRACT BONDING

All Lines Insurance  
Agency Inc.  
Call toll free at:  
(877) 384-0783  
(888) 384-0550 FAX

## I. Organization and Background

1. Company Name \_\_\_\_\_  
(The company name is the entity for which bonding is requested and is referred to in the surety business 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 \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax Number: \_\_\_\_\_ Email 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 \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

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

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

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

Spouse Name \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

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

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

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

Spouse Name \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

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

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

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

Spouse Name \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

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

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

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

Spouse Name \_\_\_\_\_

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 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 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*		
	Underground		Commercial		*If any % as prime, answer column d		

- 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	Kind 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 prior 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 3 major subcontractors:

Name	City/State	Phone	Fax

### III. Accounting, Banking and Insurance

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 of assurance 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 **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.

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

\*IMPORTANT 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:	Company	Any officer, owner or partner
<b>Has the company or any officer, owner or partner ever:</b>		
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 cancelled 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 IRS.....	Yes ___ No ___	Yes ___ No ___
m. Been delinquent in any contributions to any trust funds***.....	Yes ___ No ___	Yes ___ No ___
n. Placed or participated in placing any business or personal assets 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 acknowledge that all information is complete and correct and is given to induce the insurance company and its general agent 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



# FINANCIAL STATEMENT

This statement and any applicable schedules may be completed jointly by married and unmarried applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis, otherwise separate statements and schedules are required.

Applicant is:  Married  Single  Separated

If married, the financial statement is:  Completed jointly with spouse  Not completed jointly

Name and address	Statement of assets and liabilities as of _____ (Insert date, otherwise statement will be returned)	<input type="checkbox"/> Individual <input type="checkbox"/> Co-Partnership <input type="checkbox"/> Corporation
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ASSETS (Sch)			LIABILITIES (Sch)		
Cash	A	\$	Due to banks	A	\$
Stocks, bonds, etc.	B	\$	Credit cards	C	\$
Accounts receivable	C	\$	Taxes		\$
Notes receivable	D	\$	Accounts payable	C	\$
Inventory	E	\$	Notes payable	D	\$
Equipment	F	\$	Due on equipment	F	\$
Home	G	\$	Due on real estate	G	\$
Real estate	G	\$	Other liabilities	H	\$
Personal property		\$	<b>TOTAL LIABILITIES</b>		\$
IRA	B	\$	Capital stock (if any)		\$
Other Assets	H	\$	Retained earnings		\$
		\$	Total stockholders equity		\$
<b>TOTAL ASSETS</b>		<b>\$</b>	<b>NET WORTH</b>		<b>\$</b>

SOURCES OF INCOME FOR YEAR ENDED	OTHER LIABILITIES
Salary, bonuses & commissions	\$
Dividends	\$
Real estate income	\$
Other income ( <i>Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for bonding</i> )	\$
	\$
	\$
	\$
<b>TOTAL</b>	<b>\$</b>
	Do you have any contingent liabilities? If so, describe: <i>(Lawsuits, Indemnification, etc.)</i>
	As endorser, co-maker or guarantor? \$
	On leases or contracts? \$
	Legal claims ( <i>Judgements, etc.</i> ) \$
	Other special debt \$
	Amount of contested income tax liens \$

PERSONAL INFORMATION	
Are any assets owned by a trust? Which?	Are you a defendant in any suits or legal actions?
Do you have a will? _____ If so, name of executor:	Have you ever been declared bankrupt? If so, describe:
Are you a partner or officer in any other venture? If so, describe:	Are any assets pledged other than as described on schedules? If so, describe:
Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe:	Income tax settled through (date):
	Personal bank accounts carried at:

**INSURANCE CARRIED**

Fidelity Bonds on Officers & Employees

Life \$	General Liability \$
Property \$	Other \$

**IF NOT SUFFICIENT SPACE, ATTACH SEPARATE SCHEDULES**

<b>A</b> <b>BANK DATA</b> <i>(Attach copy of statements)</i>	Name and Location of Bank	Account Number	Amount of Deposit	In Whose Name	Owed to Bank	Due Date

<b>B</b> <b>STOCKS BONDS, ETC.</b> <i>(Attach copy of statements)</i>	Name of Security	No. Shares	Par Value	Market Value	In Whose Name Registered	If Pledged, to Whom and for What Purpose

<b>C</b> <b>ACCOUNTS RECEIVABLE AND PAYABLE</b>	From Whom Due	Amount	Due Date	To Whom Due	Amount	Due Date

<b>D</b> <b>NOTES RECEIVABLE AND PAYABLE</b>	From Whom Due	Amount	Due Date	To Whom Due	Amount	Due Date

<b>E</b> <b>INVENTORY</b>	Description	Cost Price	Market Value

<b>F</b> <b>EQUIPMENT</b>	Description	Cost Price	Depreciation Charged Off	Book Value	Encumbrance	Amount Payable Monthly

<b>G</b> <b>REAL ESTATE</b>	Location and Description	In Whose Name Is Title	Cost	Present Forced Sale Value	Amount of Mortgage	Name of Mortgagee

<b>H</b> <b>OTHER ASSETS AND LIABILITIES</b>	Description of Other Assets	Amount	Description of Other Liabilities	Amount

The undersigned furnishes the foregoing as a true and accurate statement of the undersigned's financial condition as of the date given. The Bonding Company may furnish copies of the foregoing statement and any information which it has now or may hereinafter obtain, for the purposes of securing bonds, reinsurance or co-insurance.

Date Signed \_\_\_\_\_, \_\_\_\_\_.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Spouse's Signature** \_\_\_\_\_

S.S. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_