

## SURETY UNDERWRITING APPLICATION FORM

1.  
 CONTRACTOR: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 ESTABLISHED: \_\_\_\_\_  
 INCORPORATED: \_\_\_\_\_

2. OFFICERS OF THE COMPANY ARE:

NAME	ADDRESS	AGE	POSITION	TERM WITH COMPANY	SHARES HELD (%)	LENGTH OF EXPERIENCE

3. HAS YOUR COMPANY OR ANY OF ITS PRINCIPALS OR THEIR SPOUSES OR A COMPANY OF ANY OF THEM EVER FAILED IN BUSINESS OR COMPROMISED WITH ITS CREDITORS OR CAUSED A LOSS TO A SURETY?      YES    NO

IF YES, PLEASE EXPLAIN IN FULL: \_\_\_\_\_  
 \_\_\_\_\_

4. DO YOUR COMPANY OR OFFICER HAVE ONE OR MORE RELATED COMPANIES? (SUBSIDIARY, PARENT, AFFILIATE, ETC.)      YES    NO

IF YES, DESCRIBE RELATIONSHIP BELOW: (ATTACH FINANCIAL STATEMENT'S AND INCLUDE A FAMILY TREE)

NAME AND ADDRESS OF COMPANY	NATURE OF BUSINESS	OWNERSHIP / RELATIONSHIP

WHO HAS SIGNING AUTHORITY IN THE COMPANY? \_\_\_\_\_

**5. KEY OPERATING PERSONNEL, GENERAL MANAGER, SUPERINTENDENT, ENGINEERS, ETC, ARE:**

NAME	TITLE/POSITION	AGE	PREVIOUS EMPLOYER	LENGTH OF EXPERIENCE

**6. WHAT CLASS OF CONSTRUCTION WORK DOES COMPANY:**

A. GENERALLY DO? \_\_\_\_\_

\_\_\_\_\_

B. SPECIALIZES IN? \_\_\_\_\_

\_\_\_\_\_

OVER WHAT GEOGRAPHICAL RANGE? \_\_\_\_\_

**7. LARGEST CONTRACTS COMPLETED IN THE LAST 5 YEARS:**

OWNER AND ADDRESS	KIND OF WORK & LOCATION	APPROX. FINAL CONTRACT PRICE	YEAR COMPLETED	TIME REQUIRED TO COMPLETE

**8. PRINCIPAL SUPPLIERS/SUBCONTRACTORS TO YOUR FIRM:**

NAME	MATERIAL OR SERVICE PROVIDED	MAILING ADDRESS

**9.**  
NAME OF PRESENT SURETY: \_\_\_\_\_

HOW LONG WITH PRESENT SURETY: \_\_\_\_\_

LIMITS ESTABLISHED:

(A) TOTAL WORK ON HAND: \$ \_\_\_\_\_

(B) SINGLE JOBS: \$ \_\_\_\_\_

OTHER CONDITIONS IMPOSED: \_\_\_\_\_

REASON FOR CHANGING SURETY: \_\_\_\_\_

HAVE YOU BEEN REFUSED A BOND:  YES  NO

IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10.**  
NAME OF BANK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL.NO. \_\_\_\_\_

WITH BANK SINCE: \_\_\_\_\_

WHAT IS AUTHORIZED OPERATING LINE OF CREDIT? \_\_\_\_\_

HOW MUCH PRESENTLY IN USE: \_\_\_\_\_

HOW SECURED: \_\_\_\_\_

WHAT OTHER LOANS DO YOU HAVE: \_\_\_\_\_

**11.**  
DO YOU HAVE ONE OR MORE ACCOUNTS RECEIVABLE OR HOLDBACKS OF ANY CONSEQUENCE WHICH ARE OVERDUE OR DOUBTFUL:  YES  NO

*IF YES, PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER.*

**12.**  
DO YOU OR ANY RELATED COMPANY CONTEMPLATE PURCHASING IN THE NEXT 12 MONTHS ANY EQUIPMENT OR OTHER FIXED ASSETS?  YES  NO

*IF YES, PLEASE LIST HERE (IF MORE THEN ONE, PLEASE LIST SEPARATELY):*

A) TYPE OF ASSET: \_\_\_\_\_

B) TOTAL PURCHASE PRICE: \_\_\_\_\_

C) DOWNPAYMENT: \_\_\_\_\_

D) MONTHLY PAYMENT: \_\_\_\_\_

E) NAME OF LENDER: \_\_\_\_\_

F) TERM: \_\_\_\_\_

**13.**  
ARE THERE ANY JUDGMENTS, SUITS OR CLAIMS OUTSTANDING AGAINST YOUR FIRM, ITS OFFICE OR ANY COMPANY OF EITHER?  YES  NO

**14.**  
WHAT SIZE CONTRACTS DO YOU FEEL THE COMPANY IS QUALIFIED TO DO:

ON A SINGLE JOB? \$ \_\_\_\_\_

DURING ANY ONE YEAR: \$ \_\_\_\_\_

HAVE AS WORK ON HAND AT ANY ONE TIME: \$ \_\_\_\_\_

LARGEST WORK-ON-HAND POSITION OF COMPANY AT ONE TIME WAS: \$ \_\_\_\_\_ DURING THE YEAR OF \_\_\_\_\_,

AND CONSISTED OF \_\_\_\_\_ CONTRACTS.

**15.**  
WHAT PLANS HAVE BEEN MADE FOR THE CONTINUITY OF THIS BUSINESS IN THE EVENT OF THE DEATH OR INCAPACITATION OF ONE OR MORE OF THE PRINCIPALS?

- BUY-SELL AGREEMENT?  YES  NO

IF YES, INDICATE HOW FUNDED AND ATTACH COPY SEPARATELY.

- CORPORATE "KEY-MAN" LIFE INSURANCE PROGRAM?  YES  NO

IF YES, INDICATE INDIVIDUAL COVERED AND LIMITS (ON A SEPARATE SHEET).

ACCIDENT AND/OR LONG-TERM DISABILITY INSURANCE?  YES  NO

IF YES, INDICATE INDIVIDUALS COVERED AND BENEFITS (ON SEPARATE SHEET).

**16.**  
CONTROL AND SUPERVISION OF CONTRACTS BY MANAGEMENT IS PERFORMED ON A:

DAILY  WEEKLY  OR MONTHLY BASIS.

HOW OFTEN ARE INDIVIDUAL JOB COST RECORDS REVIEWED AND REFORECASTED BY MANAGEMENT? \_\_\_\_\_

HAS THERE BEEN ANY RECENT CHANGE IN CONTROL OF YOUR COMPANY?  YES  NO

IF SO, PLEASE DESCRIBE: \_\_\_\_\_

ARE BONDS REQUIRED FROM SUB-CONTRACTORS?  YES  NO

IF YES, FOR CONTRACTS OVER WHAT AMOUNT \_\_\_\_\_

**17.**  
NAME OF ACCOUNTING FIRM: \_\_\_\_\_

CONTACT NAME AT ACCOUNTING FIRM: \_\_\_\_\_

NAME OF AUTOMATED ACCOUNTING SYSTEM (IF ANY): \_\_\_\_\_

FISCAL YEAR-END \_\_\_\_\_

STATEMENTS ARE AVAILABLE WITHIN \_\_\_\_\_ DAYS

ON WHAT BASIS ARE THE FINANCIAL STATEMENTS PREPARED? \_\_\_\_\_

METHOD OF REVENUE RECOGNITION \_\_\_\_\_

DOES THE AUDITOR PREPARE A YEAR-END WORK-ON-HAND REPORT  YES  NO

**18.**  
NAME OF INTERNAL ACCOUNTANT \_\_\_\_\_

YEARS OF EXPERIENCE: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

ARE INTERIM FINANCIAL STATEMENTS PREPARED?  YES  NO

IS THE JOB COSTING SYSTEM TIED INTO THE GENERAL LEDGER?  YES  NO

ARE MONTHLY TRIAL BALANCES PREPARED?  YES  NO

ARE JOB COSTS REPORTED TO MANAGEMENT ON A MONTHLY BASIS?  YES  NO

DO MONTHLY BILLINGS INCLUDE JOB BORROWINGS?  YES  NO

DOES THE COMPANY RECOGNIZE OVERBILLINGS?  YES  NO

HAVE ANY ACCOUNT RECEIVABLES BEEN ASSIGNED OR DISCOUNTED?  YES  NO

ARE INDIVIDUAL JOB COSTS PREPARED  YES  NO

THE UNDERSIGNED HEREBY REPRESENTS THAT THE HEREIN STATEMENTS ARE TRUE AND AUTHORIZES ANY BANK OR OTHER REFERENCE TO VERIFY THE CORRECTNESS OF ITEMS IN THE ABOVE STATEMENT TO THE SURETY, AND AUTHORIZES THE SURETY TO OBTAIN ANY CONSUMER OR PERSONAL CREDIT INFORMATION ON AN ONGOING BASIS FORMED BY CREDIT BUREAUS FROM INFORMATION THEY PREVIOUSLY COLLECTED ABOUT YOU IN ORDER TO ASSES YOUR CREDIT HISTORY REPORTS REQUIRED IN CONNECTION WITH THIS TRANSACTION.

SHAREHOLDERS (PLEASE PRINT NAME AND ADDRESS)

SIGNATURE

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

(NAME OF COMPANY HERE) \_\_\_\_\_

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

(IF CORPORATION SIGN AND SEAL HERE) \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING INFORMATION TO THE COMPLETED FORM:**

- 1) LAST 3 FISCAL YEAR END STATEMENTS AND ANY RECENT INTERIM STATEMENT OF APPLICANT AND OF ALL RELATED COMPANIES WHETHER ACTIVE OR NOT.
- 2) LIST OF ACCOUNTS RECIVABLE AND PAYABLE AT THE SAME DATE AS THE LAST FINANCIAL STATEMENT.
- 3) PERSONAL FINANCAL STATEMENT OF ALL SHAREHOLDERS AND FINANCIAL STATEMENTS OF THEIR OTHER COMPANIES WHETHER ACTIVE OR NOT.
- 4) CURRENT RESUMES OF OFFICERS AND KEY PERSONNEL.
- 5) UP-TO-DATE WORK-ON-HAND STATEMENT.
- 6) A LETTER FROM YOUR BANK STATING YOUR OPERATING LINE OF CREDIT, THE AMOUNT PRESENTY IN USE AND THE SECURITY HELD.