

Contractor's Bond **SUBMISSION INSTRUCTIONS**

To complete a submission for a Contractor's Bond please submit the following items:

- 1) Contractors Questionnaire, form follows
- 2) Business Financial Statement Year end business financial statement including profit and loss and balance sheet for the past three years and interim business financial statement if the most recent year end statement is more than six months old.
- 3) Personal Financial Statement, form follows Please include a statement from the owner, shareholder(s), partner(s) or member(s) owning more than 10% interest in the business
- 4) Work In Progress, form follows
- 5) Bid Bond Request Sheet (for bid bonds only), form follows
- 6) Copy of the Contract and Bond forms (for contract performance/payment bonds)
- 7) Bank Reference, form attached or: Include a letter from your bank that details your current and average balance and credit facilities, if applicable OR provide a copy of current business and personal bank statements.

Other Information that is helpful:

- Additional fiscal year end business financial statements from previous years
- Last three years Federal Income Tax Returns
- Aging schedules of accounts payable and receivable
- Resumes on Owner, Stockholder(s), or Partner(s) and key employees
- Copy of deck sheets from Liability and Work Comp Insurance Companies
- Copy of a brochure or business plan

Your emergency is our emergency, <u>an underwriter will respond to your request within 24 hours of receipt.</u>

Arizona 20325 N. 51st Ave. #134 Glendale, AZ 85308 Phone: 623-362-0601

Fax: 623-362-2218 az@bondservices.com

Los Angeles

523 West 6th St. #242 Los Angeles, CA 90014 Phone: 213-628-2970 Fax: 213-628-2977 losangeles@bondservices.com

Bay Area / Concord

724 Ferry St.
Martinez, CA 94553
Phone: 925-370-2330
Fax: 925-370-2339
norcal@bondservices.com

San Diego

401 West 'A' St. #2230 San Diego, CA 92101 Phone: 619-231-9522 Fax: 619-231-9545 sandiego@bondservices.com

Inland Empire

290 W. Orange Show Rd. #109 San Bernardino, CA 92408 Phone: 909-890-1409 Fax: 909-890-4282 sanbernardino@bondservices.com

Sacramento

7221 South Land Park Drive Sacramento, CA 95831 Phone: 916-424-0435 Fax: 916-424-0437 sacramento@bondservices.com

Orange County

2700 N. Main St. #1105 Santa Ana, CA 92705 Phone: 888-558-3007 Fax: 714-558-8297 orangecounty@bondservices.com

San Jose

55 South Market St. #1060 San Jose, CA 95113 Phone: 408-998-5056 Fax: 408-279-3160

Texas

300 Burnett Street #127 Fort Worth, TX 76102 Phone: 817-509-1511 Fax: 817-796-2637 info@southwestbonding.com



CONTRACTORS QUALIFICATION QUESTIONNAIRE

NAME:							
		LICENSE #					
CITY, STATE, ZIP _		TAX I.D. #					
PHONE:	F2	CELL PHONE:					
		OWNERSHIP INFO	RMATION	I			
Name of Owner		% ownership/title	Social Securit		Name of Spouse		
Please provide the following	ng information:	Date Business Started					
What is the largest job that	t you have complete	ed:(Completion Da	ate:	Work	x Program:	
What is the largest job you	feel the company is	s qualified to complete:			Work Progra	nm:	
What type of work do you	usually complete?	□Public Bldgs.	Commercia	ıl Bldgs. 🗌 Elect	rical Plu	ımbing HVAC	
		Sewers Wat	er Highwa	ny Other:			
What type of work do you	usually sub contrac	et?			_ % usually	subbed	
Name of Current Insurance	e Agency/Agent:			I	ohone no		
		JOB REFER					
List the five most important of Owner name/Contact Name	contracts you have cor Phone Number		Contract Name/Title Contract Amount				
	1		[1		

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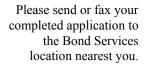
SUPPLIER REFERENCES

Provide the names of four companies you currently use for supplies: Phone Number/Fax Number Company Name Address Account Number KEY EMPLOYEES Name Position Experience **Prior Surety Information:** Name of Surety _____ Current Rate ____ Current Work Program _____ How long with current Surety _____ Largest job bonded _____ Largest Work program bonded ____ Has collateral been posted with the surety _____ If yes, amount/form of collateral ____ Financial Information: Name of Bank Address of Bank _____ Contact/Phone ____ Line of Credit Amount _____ Amount currently in use _____ Secured? _____ Name of Accounting Firm Address ____ Date of last CPA prepared statement

\[\sqrt{\text{% of Completion } \sqrt{\text{Accrual } \sqrt{\text{Completed Job } \sqrt{\text{Other}}} \] 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. Authorization to investigate credit history of owners and spouses, employment history and references is granted to the surety/agent in order to obtain bonding authority for the account. Signed and Dated: ____ Name of Company Signature of Authorized Representative of Company

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Printed Name/Title of Authorized Representative of Company





PERSONAL FINANCIAL STATEMENT

NOT TO BE USED FOR BUSINESS STATEMENTS

To include COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitor the Undersigned submits the following Financial Statement

Personal financial statement of	SS.NO						
	(Street Address, City, State, Zip)						
HOME PH	ONE NO. () BUS.PHONE NO. ()_						
NAME OF SPOUSE							
AS OF	(Date)						
CURRENT ASSETS	CURRENT LIABILITIES						
Cash on hand(not in bank)	Notes payable to (names and addresses):						
Cash in following banks (names and addresses):	Total payable to (names and addresses).						
Stocks and bonds (Schedule 1)							
Accounts receivable (Schedule 2)	Accounts payable						
Notes receivable (Schedule 3)	Current portion of long term debt						
Other current assets (Schedule 6)	Other current liabilities (Schedule 6)						
Other current assets (Schedule 6)	other current numinies (senicule o)						
	Current Year's Income Taxes Unpaid						
	Prior Year's Income Taxes Unpaid						
	Real Estate Taxes Unpaid						
	Real Estate Taxes Ofipaid						
TOTAL CURRENT ASSETS :	TOTAL CURRENT LIABILITIES:						
FIXED ASSETS	LONG TERM LIABILITIES						
THEBIODIO	DONO TERMI ELIBERTIES						
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 LIABILITIES:						
TOTAL FIXED ASSETS:	NET WORTH:						
TOTAL ASSETS:	TOTAL LIABILITIES AND NET WORTH:						
TOTAL ASSETS.	TOTAL LIADILITIES AND NET WORTH.						
CONTINGENT LIABILITIES							
FOR ENDORSEMENTS OR GURANTEES \$	FOR OTHER PURPOSES \$						
		-					

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		Ifa	ny pledge, State to	Wł	nom and for W	/hat							
Name of Security	No. S	Shares	Purpose Purpose			Dividends Paid Last			Two Years Ma		rket valu	B	ook Value
									TOTAL	\$ \$		\$	
				2 1	.CCOUNTS R	ECED	/ADIE		TOTAL	υ ψ		_ υ	
N 141	1 ()	. 1 :: > E		2. A					When	Wh	en		
Name and Add	Name and Address (street and city) From Whom Due				For What is it Due			ue	Sold	Due		Aı	nount
										TO	OTAL \$		
				3	. NOTES REC	CEIVA	BLE						
Name and Add	ress (stre	eet and city) From	m Whom Due		For What I	Due	Hov	v Secured	Date	Matu	rity	Amount	
					4. REAL ES	ST A T	7			TO	OTAL \$		
Description of Prop	erty	Title in Name of			Market Value Cost Date		Date Acquired	Amount Encumbrance			Monthly Mon Payments Inc		
					TOTAL	e		\$	\$		\$		\$
							~~~~	<u>'</u>	1.0		Ψ		ΙΦ
			5. L	IFE	INSURANCE		SH VAL						
Name of Company	Po	Policy Number Name of Insured Beneficiary Fac				Face Value	Cash Va	alue	Am	ount Bo	orrowed		
			6. O	THE	ER ASSETS A	ND L	ABILIT	IES				T	
Other Current Assets (Itemize)				Other Current Liabilities (Itemize)  Am					Amount				
ne information contained in e undersigned may either s signation made as to owner ay consider this statement a verify the accuracy of the	everally or rship of pr as continui	r jointly with other, coperty) in deciding ing to be true and co	execute a guaranty in y o grant or continue cro rrect until a written no	our f edit. otice (	avor. Each under Each undersigned of a change is give	rsigned I repres n to you	inderstand ents and wa by the unc	s that you are relyi arrants that <u>the inf</u> lersigned. You are	ing on the inform ormation provid authorized to m	nation pro ed is true nake all inc	vided here and compl quiries you	n (include te and the deem ne	ing the at you
					Si S.:	ignatu S.No	e		Da	te of Bir	th		
Date Signed					S.S	S.No			Da	te of Bir	th		

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### **Bank Verification**

(To be completed by bank or savings & loan)

#### Please complete a separate form for each account

Re: Account Holder		
Account Number		
The above account holder has applied as a reference. Authorization has bee would appreciate the courtesy of a pretreated in confidence and without rest the number below. Thank you for you	n given to us to verify their financial ompt reply to the following questions ponsibility on your part. You may ref	statement. Therefore, we s. Your response will be
1. When was the account opened?		
2. The average balance is \$	for the period of	months.
3. Has a line of credit been established	ed?	
If so, what amount? \$	Current outstanding balance: \$	
It is secured by		
The renewal date is		
4. What is your opinion of the application		responsibility?
Name of Bank		
Address		
Phone Number ()	Fax Number ()	
Information has been provided by		
Date	Signature	
	Printed Name	

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## **Status of Contracts**

name of Contractor:	Add	ress	of Contractor	:	Uncompleted Contracts as of:					
Contract Description and Locations:	Date Started		<b>1</b> Contract Price	2 Contractor's	3 Total Amount	4 Total Costs	<b>5</b> Revised	Date Completed		
	Mo.	Yr.	Including Approved Change Orders	Estimated Cost at Time of Bid(1)	Billed To Date, Including Retainage(	To Date	Estimated Costs To Complete	Mo.	Yr.	
									<u> </u>	
	To	tals:								
Contracts Completed Since Last Fiscal Closing Statement or Last Status Report										

Date

Started

Yr.

Mo.

Final

Contract Price

**Contract Description and Locations:** 

Include contractor's original estimated total cost plus cost of all change orders

and extra work orders approved to date.

Gross

Profit or Loss

Total Cost



**Bond Request Sheet** (for Bid, Performance & Payment Bond requests)

Contractor:					
Obligee (name & address):					
Bid Date:Est. Contract Price \$		Bid Bond Performance B Labor & Mater	ond _ rial/Pa	% % yment Bond	%
Project Description/Location	1:				
Completion Time_ Liquidated Damages/Penalty Length of Warranty_ Sub Contractors_	y \$	 _ %		Labor %/\$	
Work In Progress:					
Bonded: \$	Unbonded: \$_				
Pending Bids:					
Bid Date & Contract Amoun	nt:				
For Bonding Agency use only:					
Approved Authorized by:			date:_		
Click the "Submit Application" button to secure online form to Bond Services.	send your				

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