



Bid / Performance Bond Instructions:

In order to apply for required bond the insurance companies will need a number of items to complete the underwriting and determine if the bond is approved or not. These items include but are not limited to:

- Completed application packet (Bond Request Form, Contractors Questionnaire)
- Signed Consent to Credit History
- Personal financial statements for all owners (form included if needed)
- Resumes for all owners and/or key personnel
- A copy of the most recent 12-month financial statement as well as a year-to-date balance sheet and profit & loss statement
- A copy of the Contract, Notice to Bidders page or Invitation to Bid Information
- A copy of the bond required (if specific bond form is to be used)

In order to apply for the surety bond(s), please fax or email the items listed above to our office.

Please note: we cannot apply or provide a quote for the surety bond(s) needed until ALL of the items above have been received. All information on the application must be completed as incomplete applications will delay processing.

Did you need your bond shipped via FedEx for \$25?

Or your FedEx Account Number _____



BOND REQUEST

I. Contractor/Principal: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____ Fed Ex/UPS #: _____

What is the total cost to complete of all Work on Hand? \$ _____ (IMPORTANT)

II. BID BOND

Date of Bid: _____

Time of Bid: _____

Percentage of Bid Bond: _____ %

Estimated Contract/Bid Price \$ _____

Engineer's Estimate \$ _____

Project/Solicitation No.: _____

III. FINAL BOND

Contract Amount \$ _____

Bond Amount \$ _____

Percentage of Performance: _____ %

Percentage of Payment: _____ %

Contract Date: _____

Contract No.: _____

Bid Bond Required?: Y N Negotiated?: Y N

Bid Results: _____^{2nd}

_____^{3rd}

Number of Originals: _____ Date Needed: _____

Bond Form: Owner/Obligee Form Surety/Generic Form

IV. Project Name: _____

Project Description: _____

Project No.: _____

Approx. Start Date: _____ Approx. Completion Date: _____ Time to Complete: _____

Liquidated Damages: YES NO If yes amount: \$ _____ per _____

Length of Warranty: _____ Subcontractor Involved: YES NO % Subcontracted: _____

City the work is being done in: _____

% Retainage: _____ % Material: _____ % Labor: _____ % Profit: _____

V. Owner/Obligee: _____

Address: _____

Contact Person: _____ Telephone: _____

Fax: _____

For Surety Use Only:

Approved Declined Rate: _____ Bid Bond # _____

By: _____ Date: _____ Surety: _____

SBA: _____ Final Bond # _____

Conditions: _____

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment/professional license or credentials; financial/**credit history**; or criminal/civil/driving record history. I hereby authorize and consent to the "Surety", procurement of such a report from public and private sources about any of the information noted earlier in this paragraph.

II. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), which was revised effective September 30, 1997, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. **Minnesota/California applicants only.** If you want a copy of the report ordered, check this box . The report will be sent by the consumer-reporting agency to you at the address listed below your signature.

V. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by the "Surety" to furnish the information described in Section I.

APPLICANT COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used

Social Security Number Date of Birth

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of a crime? No Yes If yes, please provide city and State of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), **revised effective September 30, 1997**, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, the reporting agencies cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. The reporting agency's policy requires purchasers of these reports to have signed a Service Agreement. This assures the reporting agency that users are familiar with and will abide by their obligations, as stated in the **FCRA, revised effective September 30, 1997**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or denial of an application, the name and telephone number of the reporting agency will be provided in writing to contact them directly and request copies of such reports.

I. BUSINESS INFORMATION

Business name: _____
 Contact name: _____ E-mail address: _____
 Firm address: _____
 Phone: _____ Fax: _____
 Web site: _____
 State of incorporation: _____ Year started: _____
 Tax ID: _____ Is your firm union? Yes No Both
 Contracting specialty: _____
 LEED project experience: Yes Number of projects: _____ No Number of LEED Certified employees: _____
 Geographic area(s) of operation: *(Territory)* _____
 Type of business: C-Corp. Sub S. Corp. Part. Sole Prop. LLC LLP
 Employees (# of): Office: _____ Field (min.): _____ to (max.): _____ Current total: _____
 Affiliations: AGC ASA ABC CFMA Other: _____
 Certifications: 8a HubZone SDVOSB Other: _____

II. OFFICER INFORMATION

List all Owners, Proprietors, Partners and Officers of the firm:

	a. Full legal name:	b. Percentage owned:	c. Date of birth:	d. Social Security Number:
	e. Position:	f. Since:	g. Home address:	
	h. Spouse legal name:		i. Spouse date of birth:	j. Spouse Social Security Number:
1	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
2	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
3	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
4	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
5	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____

Will all owners and their spouses provide full personal indemnification to the surety? Yes No (explain below)
 Explain: _____
 Is there a buy/sell agreement among the owners of the business? Yes No
 Is this agreement funded by life insurance? Yes No

III. BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, failed to complete a contract, or caused a loss to a surety? **If yes, please attach explanation.** Yes No

Is your firm or any of its owners or officers currently involved in any litigation? **If yes, please attach explanation.** Yes No

Percentage of the firm's work for: Government Owners: _____% Private Owners: _____% Other Contractors: _____%

Trades you normally undertake with your own employees: None (*Paper GC*) _____

Percentage of the firm's work normally subcontracted to others: _____%

Trades you normally subcontract: _____

Sub bonding policy: _____

Preferred job size range: \$ _____ to \$ _____ Number of jobs at a time: _____

Largest cost to complete backlog: \$ _____ Year: _____ Number of jobs: _____

Largest job expected during the next year: _____

Largest backlog expected during the next year: _____

Expected annual volume this current fiscal year: _____ Next fiscal year: _____

Do you lease equipment? Yes No Type of lease: _____

Terms of the lease: _____

IV. FINANCIAL INFORMATION

Name of CPA Firm: _____ Fiscal Year End: _____

Contact name: _____ E-mail: _____

Company address: _____

Company phone: _____ Fax: _____ Web Site: _____

On what basis are taxes paid? Cash Completed Job Accrual % of Completion

On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion

On what level of assurance are financial statements prepared? CPA Audit Review Compilation

How often are internal financial statements prepared? Annually Semi-Annually Quarterly Monthly

How are bills paid? Discounts taken as offered Prompt within payment terms Late, within _____ days of due

Any material troubled A/R? No Yes Explain: _____

Changes to the balance sheet since last fiscal year end: (contributions, distributions, loans, material asset buys or sells, financing, etc.)

Do you have a full time accountant on staff? Yes No Name: _____

Staff accountant professional designations: CPA CCIFP Other: _____

Accounting software: _____

Estimating software: _____

Job cost software: _____

V. BANK INFORMATION

Name of Bank: _____ Address: _____

Contact name: _____ Phone: _____ E-mail: _____

With this bank since: _____ Relationship currently includes: Deposit accounts Revolving line of credit Term loans

Line of credit (LOC) year opened: _____ Amount: \$ _____ Line expires: _____

LOC – Unsecured Secured By: _____

LOC – special terms or sublimits: _____

Other banks used and purpose: _____

VI. EXPERIENCE & REFERENCES

Previous bonding companies:

	<u>Name:</u>	<u>Dates:</u>	<u>Reason for leaving:</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Have you ever been turned down by a surety? Yes No If yes, why? _____

Largest completed contracts: (largest first)

	<u>a. Job name:</u>	<u>b. City, State:</u>	<u>c. Contract price:</u>	<u>d. Gross profit:</u>	<u>e. Date completed:</u>	<u>f. Bonded?</u>
	<u>g. Contact name:</u>	<u>h. Firm:</u>	<u>i. Phone:</u>	<u>j. Fax:</u>	<u>k. E-mail:</u>	
	<u>l. Project description:</u>					
1	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
2	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
3	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
4	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
5	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					

Major suppliers: (largest volume first)

	<u>Name:</u>	<u>Products:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____

Major trade subcontractors (or contractors if you are a trade contractor): (largest volume first)

	<u>Name:</u>	<u>Trade:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____

Specialty trade subcontractors:

	<u>Name:</u>	<u>Trade:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____



VIII. KEY PERSONNEL

Additional key personnel:

	Name:	Designation(s):	Position:	Birth year:	Years experience	
					This company:	Total:
1						
2						
3						
4						
5						

IX. LIFE INSURANCE INFORMATION

Life insurance in effect on officers or key personnel:

	Insured:	Beneficiary:	Death benefit:	Insurance company:
1				
2				
3				
4				

X. BUSINESS INSURANCE INFORMATION

Staff Risk Manager: _____ Designations: AFSB CPCU CRIS Other: _____

Insurance broker/agency: _____ City/ State: _____

Agent's name: _____ E-mail: _____

Phone: _____ Fax: _____

Key expiration dates: _____

XI. SUBSIDIARIES AND AFFILIATES

Subsidiaries and affiliates of the applicant firm:

	Firm name:	Ownership/relationship:	Type of business:	FEIN:	Cross/Corp. Indemnity?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:



XII. ATTACHMENTS

- Copies of the last three fiscal year end financial statements including work in progress & completed contract schedules
- Current interim financial statement and work in progress report if fiscal statement is over six months old
- Current personal financial statement for all indemnitors
- Bank Line of Credit Agreement
- Business Plan
- Federal Tax Returns
 - Company – years: _____
 - Personal – years: _____
- Buy/Sell Agreement
- Specimen copy of Subcontract Agreement
- Certificate(s) of Insurance (*all lines carried*)
- Resumes of owners/key employees
- Brochure and/or Letters of Recommendation about the accomplishments of your firm
- Other: please describe below under “Additional Remarks”:

Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Name of Firm: _____
Completed by: _____
Title: _____

Signature: _____ Date: _____

Additional Remarks:

