



We appreciate the opportunity to assist you in obtaining surety credit for your firm. Please complete and return the Contractor's Surety Survey form as well as the resume of key personnel included within it.

In addition we ask that you provide the following:

- CPA prepared year-end financial statements for the last 3 years or income tax return of your firm if statements are not available; last years tax return of owner and a opening balance sheet if you're a new business.
- Latest interim financial statement if year-end is over 6 months old.
- Contractor Field Resume, organizational chart (if available).
- Current Bank Reference Letter - Please ask the Bank to include exact dollar amounts.
- Current status of contracts
- Six Largest Accounts Receivable and Accounts Payable
- Business Plan & Continuity

Complete, sign & date each form and forward to Insurance & Benefits Group's Surety Department. When the items are received we will be in a position to evaluate your account and submit to the Surety Company for their consideration.

Sincerely,

IBG Bond Team
bonds@ibgagent.com

CONTRACTOR'S SURETY SURVEY

Agent _____

1. Name of Firm: _____

2. Address: _____ 3. Fiscal Yr. End _____

(city) (state) (zip)

4. Phone: (____) _____ 5. Contracting Specialty: _____

6. Contact Person: _____ 7. Title: _____

8. Year Business Started: _____ 9. Type of Business Corp. Part. Prop. Sub. S. Corp.

10. State of Incorporation: _____ 11. Area of Operation: _____

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

	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____

13. Will the above individuals and spouses personally indemnify Surety? Yes No
If no, explain: _____

14. Is there a buy/sell agreement among the owners of the business? Yes No

15. Is this agreement funded by life insurance? Yes No

16. Corp Indemnity? Yes No
17. Cross/Corp Indemnity? Yes No

18. How many people does your firm employ? _____ 19. How many work crews? _____

20. Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? Yes No
If yes, please explain: _____

21. Is your firm or any of its owners or officers currently involved in any litigation? Yes No
If yes, please explain: _____

22. What percentage of the firm's work is normally for:
 Government Agencies _____ % Private Owners _____ %
23. What percentage of the firm's work is normally subcontracted: _____ %
24. Are bonds required of subs? Yes No
25. What trades do you normally subcontract? _____
26. What is largest amount of uncompleted work on hand at one time in the past?
 Amount: \$ _____ Year: _____
27. What is the largest job you expect to do during the next year? \$ _____
28. What is the largest uncompleted work program expected during the next year? \$ _____
29. What is your expected annual volume next year? \$ _____
30. What trades do you normally undertake with your own forces? _____
31. SIC CODE:
32. Do you lease equipment? Yes No 33. Type of lease? _____
34. What are the terms of the lease? _____
35. Name of your CPA: _____
 Address: _____
 Phone: _____ Contact Person: _____
36. On what basis are taxes paid? Cash Completed Job Accrual % of Completion
37. On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion
38. On what level of assurance are financial statements prepared? CPA Audit Review Compilation
39. How often are financial statements prepared? Annually Semi-annually Quarterly Monthly
40. Do you have a full time accountant on staff? Yes No 41. Yrs. Experience _____
42. Are job cost records kept? Yes No
43. How often reviewed? _____ 44. How often updated? _____
45. Do they show job detail? Yes No 46. Frequency? _____
47. Name of your Bank: _____
 Address: _____
 Phone: _____ Contact Person: _____
48. Amount of line of credit: \$ _____ 49. Expiration date: _____ 50. What is interest rate? _____ %
51. UCC Filing? Yes No 52. How is credit secured? _____

53. Is your firm union? Yes No 54. What is firm's Dun & Bradstreet Number? _____
 55. D & B Rating: _____ 56. Pay Record: _____ 57. Date of Rating: _____
 Remarks: _____

58. Previous Bonding Companies:

<u>Name</u>	<u>Reason for Leaving</u>
A. _____	_____
B. _____	_____
C. _____	_____

59. List five of your largest contracts:

<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
A. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____ Design Professional: _____				
B. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____ Design Professional: _____				
C. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____ Design Professional: _____				
D. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____ Design Professional: _____				
E. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____ Design Professional: _____				

60. List five of your major suppliers:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Contact</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

61. List five subcontractors (or contractors if you are a subcontractor) that you do business with:

A. Name _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

B. Name _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

C. Name _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

D. Name _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

E. Name _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

62. List three Architects you have done business with:

A. Name _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

B. Name _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

C. Name _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

63. List key personnel, foremen, supervisors:

	<u>Name</u>	<u>Position</u>	<u>Yr. of Birth</u>	<u>Yrs. Exper.</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

64. List any life insurance in effect on key personnel:

<u>Name</u>	<u>Beneficiary</u>	<u>Amount</u>	<u>Cash Value</u>
A. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
B. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
C. _____	_____	\$ _____	\$ _____
Insurance Company: _____			

65. List other Insurance coverage currently in effect:

	<u>Limits in '000's</u>		<u>Carrier</u>	<u>Expiration Date</u>
	<u>BI</u>	<u>PD</u>		
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Owner's Protection:	\$ _____	\$ _____	_____	_____

66. List any subsidiaries and affiliates of the contracting firm:

<u>Firm Name</u>	<u>Ownership</u>	<u>Type Business</u>	<u>NANDA Code</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

REMARKS: _____

Completed by: _____
 Title: _____
 Date: _____

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Bank: _____ Contractor: _____

Attention: _____ Account Number(s): _____

We have been asked by the above referenced contractor to update or obtain surety credit for them. They have given us your name as their banking reference. To assist us in renewing their surety credit line or to approve a specific bond request, we would appreciate your providing us the following information regarding their banking relationship with you. Please complete this form and fax back to (816)525-7110. Thank you for your prompt assistance.

1. Date account(s) opened with your bank? _____
2. What is the firm's average deposit balance (exact dollar, please): _____
3. What is the firm's present deposit balance (exact dollar, please): _____
4. Any overdrafts? _____ Floats? _____ Returned Checks? _____
5. Has this account established a line of credit with your bank? Yes _____ No _____

If yes, please complete:

Date Line of Credit Established: _____

Amount of Line of Credit (exact dollar, please): _____

How is the line secured? _____

Current amount outstanding (exact dollar, please): _____

Expiration date: _____

6. If there are other loans, please provide the following information:

Type of Loan	Purpose of Loan	Original Balance	Current Balance	Date Acct. Opened	Maturity Date	Monthly Payment	Security

Comments: _____

Completed By: _____ Date Completed: _____
 Name Title

CONTRACTOR FIELD RESUME

Name: _____ Year of Birth: _____
Position/Title: _____ Years of Service: _____
Home Address: _____ Social Security #: _____

Educational Background:

- High School: _____
- College: _____
 - Degree Received: _____ Year: _____
- Trade School: _____
 - Certificate or Rating: _____ Year: _____

Projects Recently Performed: (list most recent job first)

1. _____
2. _____
3. _____
4. _____

Previous Experience:

Employer: _____	Employer: _____
Position: _____	Position: _____
Years of Service: _____	Years of Service: _____
Projects Performed: _____	Projects Performed: _____
_____	_____
_____	_____

Employer: _____	Employer: _____
Position: _____	Position: _____
Years of Service: _____	Years of Service: _____
Projects Performed: _____	Projects Performed: _____
_____	_____
_____	_____

Comments: _____

CONTRACT BOND WORKSHEET

CONTRACTOR: _____ DATE: _____

BID BOND	Amt.	Form	AMOUNT OF BID:	<input type="checkbox"/> LOW
<input type="checkbox"/> BID		Time	OWNER:	<input type="checkbox"/> NOT LOW
<input type="checkbox"/> AWD	DATE			
TIME FOR COMPLETION:		<input type="checkbox"/> CAL <input type="checkbox"/> WORK	Street	
LIQUIDATED DAMAGES:			City, State, Zip	
PMT. TERMS	90/10		PROJ NO:	
PERF:	PMT:		PROJECT TITLE:	
MAINT:	STAT:			
START DATE:				
COMPL DATE:		UNUSAL INS. RQMTS CKD <input type="checkbox"/>	ARCHITECT <input type="checkbox"/>	ENGINEER <input type="checkbox"/>
DESCRIPTION OF WORK:				
CONTRACTOR'S ESTIMATE OF CONTRACT BREAKDOWN:		SUBCONTRACTORS AMOUNT		
LABOR/EQUIP				
MATERIAL				
SUB-LET				
OH/PROFIT				
<input type="checkbox"/> BID				
<input type="checkbox"/> AWD TOTAL				
OTHER WOH/ LOW BIDS				
TOTAL WOH				
FINAL BOND DATA:				
CONTRACT DATE:	CERT OF INSURANCE <input type="checkbox"/>	DUAL OBLIGEE <input type="checkbox"/>	SURETY:	DATE:
NO. COPIES REQUIRED:	FINANCING VERIFIED:		APPROVALS <input type="checkbox"/> L/C	<input type="checkbox"/> BY:
COMMENTS:			CONDITIONS:	



Date Prepared: _____

SECTION 1: PERSONAL INFORMATION

Full Name: _____	Date of Birth: _____	SSN: _____
Spouse Name: _____	Date of Birth: _____	SSN: _____
Address: _____	Business Name: _____	
City, State, Zip: _____	Home Phone: _____	Alt. Phone: _____

***** NOTE: Complete Schedules A-H prior to completing Section 2. *****

SECTION 2: STATEMENT OF FINANCIAL CONDITION AS OF _____

Assets: (Do not include assets of doubtful value)	In Dollars (omit cents)	Liabilities:	In Dollars (omit cents)
Cash in Primary Bank: (checking & savings)	\$ _____	Unsecured Debt: (Sch. G)	\$ _____
Cash & CD's in Other Banks: (Sch. A)	\$ _____	Current Bills Due:	\$ _____
Stock Bonds & Marketable Securities: (Sch. B)	\$ _____	Real Estate Mortgages: (Sch. C)	\$ _____
Real Estate Owned: (Sch. C)	\$ _____	Secured Debt (Sch. H):	\$ _____
Cash Surrender: (Sch. D)	\$ _____	(other than real estate)	
Business Ventures: (Sch. E)	\$ _____	Taxes Payable:	\$ _____
Notes Receivable: (Sch. F)	\$ _____	Other Debts & Liabilities: (specify)	
Personal Property: (jewelry, coins, collections, etc.)	\$ _____	_____	\$ _____
Automobiles, RV's, Boats:	\$ _____	_____	\$ _____
Other Assets: (specify)	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
TOTAL ASSETS:	\$ _____	TOTAL LIABILITIES:	\$ _____
		TOTAL NET WORTH:	\$ _____
		TOTAL LIABILITIES & NET WORTH:	\$ _____

Do you have a will? Yes No
 Have you ever declared bankruptcy? Yes No

Accountant Name: _____ Address: _____ Phone: _____
 Attorney Name: _____ Address: _____ Phone: _____

Do you have any... If "yes" to any questions, describe:

contingent liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____	_____
involvement in pending legal actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____	_____
other special circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____	_____
contested income tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____	_____

SCHEDULE A: CASH AND CD'S IN OTHER BANKS

Description:	Name of Institution:	In Name of:	Pledged or Held by Others?	Value:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHEDULE B: STOCKS, BONDS, MARKETABLE SECURITIES

BROKERAGE ACCOUNTS

Name of Brokerage:	In Name of:	Pledged or Held by:	Cost:	Market Value:

INDIVIDUAL SECURITIES NOT INCLUDED ABOVE (INCLUDE IRA AND 401K ACCOUNTS)

# of Shares or Face Value:	Individual Securities:	In Name of:	Pledged or Held by:	Cost:	Market Value:	Retirement Account:
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C: RESIDENCE AND OTHER REAL ESTATE

Address and Type of Property:	Title in Name of:	Percentage Owned:	Year Acquired:	Cost:	Market Value:	Monthly Payment:	Mortgage Balance:	Maturity Year:

SCHEDULE D: LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company:	Owner of Policy:	Name of Insured:	Beneficiary and Relationship:	Face Amount:	Policy Loans:	Cash Surrender:

SCHEDULE E: BUSINESS VENTURES AND OTHER ASSETS

Name of Business:	Type of Business:	Years in Business:	Net Worth:	Percentage Owned:	Value of your Ownership Interest:
					\$ -
					\$ -
					\$ -
					\$ -

SCHEDULE F: NOTES RECEIVABLE

Due From:	Due Date:	Description	Monthly Payment:	Total Amount:

SCHEDULE G: UNSECURED DEBT (CREDIT CARDS, ETC.)

Name of Creditor:	Description of Debt:	Describe:	Monthly Payment:	Amount Owed:
<i>Total of All Credit Cards</i>		<i>Various credit card debt</i>		

SCHEDULE H: SECURED DEBT (HELOC, VEHICLES, ETC.)

Name of Creditor:	Original Loan/Line Amount:	Date of Loan:	Maturity Date:	Unsecured or Secured (List Collateral)	Monthly Payment:	Amount Owed:

This information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the surety of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a surety thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (applicant) _____ Date signed _____

Signature (co-applicant) _____ Date signed _____