



Phone: (800)254-0079

Fax: (660)827-1785

252 N.W. Executive Way, Lees Summit, MO 64063
404 W. Broadway, Sedalia, MO 65301
625 E Russell Rd., Warrensburg, MO 64093

Dear Contractor:

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,

Insurance & Benefits Group

CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____ 2. Fed ID: _____

3. Address: _____ 4. Fiscal Yr. End _____

_____ (City) _____ (State) _____ (Zip)

5. Phone: (____) _____ 6. Fax.: (____) _____ 7. Contracting Specialty: _____

8. Contact Person: _____ 9. Title: _____

10. Year Business Started: _____ 11. Type of Business Corp. Part. Prop. Sub. S. Corp.

12. State of Incorporation: _____ 13. Area of Operation: _____

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

Name & Position	Date of Birth	Social Security No.	% Owned	Name of Spouse	Date of Birth	Social Security No.

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

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

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

19. 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: _____

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

21. What percentage of the firm's work is normally for:

Government Agencies _____% Private Owners _____%

22. What percentage of the firm's work is normally subcontracted: _____%

23. Are bonds required of subs? Yes No

24. What trades do you normally subcontract? _____

25. What is largest amount of uncompleted work on hand at one time in the past?

Amount: \$ _____ Year: _____

26. What is the largest job you expect to do during the next year? \$ _____

27. What is the largest uncompleted work program expected during the next year? \$ _____

28. What is your expected annual volume next year? \$ _____

29. What trades do you normally undertake with your own forces? _____

30. Name of your CPA: _____
 Phone: _____ Contact Person: _____

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

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

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

34. How often are financial statements prepared? Annually Semi-annually Quarterly Monthly

35. Do you have a full time accountant on staff? Yes No 36. Yrs. Experience _____

37. Are job cost records kept? Yes No

38. How often reviewed? _____ 39 How often updated? _____

40. Do they show job detail? Yes No 41. Frequency? _____

42. Name of your Bank: _____
 Phone: (_____) _____ Contact Person: _____

43. Amount of line of credit: \$ _____ 44. Expiration date: _____ 45. What is interest rate? _____ %

46. UCC Filing? Yes No 47. How is credit secured? _____

48. Previous Bonding Companies:

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

49. List three 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: _____				

50. List five trade references that you do business with (i.e. Sub Suppliers, GC's, etc):

- A. Name _____
Telephone: (____) _____ Contact: _____
- B. Name _____
Telephone: (____) _____ Contact: _____
- C. Name _____
Telephone: (____) _____ Contact: _____
- D. Name _____
Telephone: (____) _____ Contact: _____
- E. Name _____
Telephone: (____) _____ Contact: _____

51. List key personnel, foremen, supervisors:

<u>Name</u>	<u>Position</u>	<u>Date of Birth</u>	<u>Years Exper.</u>	<u>Previous Employer</u>
A.				
B.				
C.				
D.				
E.				

52. 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: _____ | | | |

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

<u>Firm Name</u>	<u>Ownership</u>	<u>Type of Business</u>	<u>Fed ID.</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 (660)827-1785. 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: _____



BONDS@IBGagent.com
Kathryn Johnson, Bond Account Manager
Phone: 800-254-0079
Fax: (660)827-1785

Office Locations:
 Lee's Summit, MO 64063
 Sedalia, MO 65301
 Warrensburg, MO 64093

BOND REQUEST WORKSHEET

CONTRACTOR:	DATE
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REQUESTED BY:		AMOUNT OF BID or CONTRACT: \$	
<input type="checkbox"/> BID	BID DATE	BID TIME	OWNER:
<input type="checkbox"/> AWD			
TIME FOR COMPLETION:		<input type="checkbox"/> CAL	Street
		<input type="checkbox"/> WORK	
LIQUIDATED DAMAGES:		City, State, Zip	
RETAINAGE AMOUNT %:		PROJECT NO:	
PERF:	PMT:	LEGAL PROJECT NAME:	
MAINT:	STAT:		
START DATE:			
COMPL DATE:		Bid Percent: %	SPECIAL BOND FORM: <input type="checkbox"/>Yes <input type="checkbox"/> No (Please attach any specific bond forms)
DESCRIPTION OF WORK :			

ADDITIONAL INFORMATION:

CONTRACTOR'S ESTIMATE OF COST 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		

CONTRACT BOND DATA:	SURETY USE ONLY
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CONTRACT DATE:	CERT OF INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach requirements)	SURETY:	DATE:
# OF EXECUTED SETS:		APPROVED <input type="checkbox"/> L/C or DECLINED <input type="checkbox"/> BY:	
MAINTENANCE:	NEED BONDS BY (date):	CONDITIONS:	
DELIVERY OPTION: <input type="checkbox"/> Pickup <input type="checkbox"/> FedEx <input type="checkbox"/> Regular Mail			