



Phone 1.888.490.2663 Fax 916.690.8148

BOND REQUEST FORM Contract Surety

| PLEASE TYPE OR PRINT CLEARLY | | | | |
|--|--|---|---|---------------|
| COMPLETE THE ITEMS BELOW FULLY & WITHOUT ABBREVIATIONS EXACTLY THE WAY THEY SHOULD APPEAR ON THE BOND | | | | |
| PRINCIPAL NAME | | | | |
| ADDRESS | CITY | STATE | ZIP | TELEPHONE NO. |
| OBLIGEE NAME | | CONTACT PERSON | | FAX NO. |
| ADDRESS | CITY | STATE | ZIP | TELEPHONE NO. |
| AGENT NAME | | | | |
| ADDRESS | CITY | STATE | ZIP | TELEPHONE NO. |
| IS A SPECIFIC BOND FORM REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a copy of the form. | | | | |
| DATE OF BID OR CONTRACT | ESTIMATED PROJECT AMOUNT \$ | | COMPLETION DATE | |
| SELECT APPROPRIATE BLOCK (S) | | | | |
| <input type="checkbox"/> BID BOND AMOUNT \$ _____ OR _____ % | <input type="checkbox"/> PERFORMANCE BOND AMOUNT \$ _____ OR _____ % | | <input type="checkbox"/> PAYMENT BOND AMOUNT \$ _____ OR _____ % | |
| IF THIS IS A FINAL BOND REQUEST, PLEASE LIST THE THREE LOWEST BIDDERS AND THEIR BID AMOUNTS: | | | | |
| 1. | | | \$ | |
| 2. | | | \$ | |
| 3. | | | \$ | |
| DESCRIPTION OF JOB (PROJECT OR CONTRACT NAME, NO., LOCATION, ETC.) | | | | |
| | | | | |
| | | | | |
| DELIVERY INSTRUCTIONS: | | | | |
| | | | | |
| FEDERAL EXPRESS ACCOUNT NUMBER: | | | | |
| ARCHITECT, DESIGNER OR CONSULTANT | | | NAME | |
| ADDRESS | CITY | STATE | ZIP | TELEPHONE NO. |
| DELAY PENALTY | SUBLET AMOUNT | | AMOUNT OF TOTAL COMPANY BACKLOG | |
| DATE | PREPARED BY | TELEPHONE NO. | | FAX NO. |
| _____ SIGNATURE | | | _____ DATE | |
| OFFICE USE | STATUS REPORT: <input type="checkbox"/> NONE <input type="checkbox"/> M <input type="checkbox"/> Q | | FUNDS CONTROL ____ YES ____ NO | |
| PREMIUM ____ % \$ _____ | COLLATERAL REQUIRED ____ % \$ _____ | <input type="checkbox"/> END OF PROJECT | | ____ % FEE |

→ INCOMPLETE DATA MAY DELAY THE EXECUTION OF YOUR BOND

CONTRACTOR'S SURETY SURVEY

We welcome the opportunity to secure bonding credit for your company. The purpose of this questionnaire is to assist us in evaluating your qualification. Please complete this form as accurately as possible. Every question is important; please answer each one.

| | | |
|------------------|-----------|---------------|
| CONTRACTOR NAME | PHONE NO. | DATE |
| ADDRESS (Street) | (City) | (State) (Zip) |

GENERAL INFORMATION

| | | |
|--|---------------------------------------|--|
| FORM OF BUSINESS (CHECK ONE) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation | TYPE OF CONSTRUCTION PERFORMED | <input type="checkbox"/> UNION <input type="checkbox"/> NON-UNION <input type="checkbox"/> MERIT/OPEN SHOP |
|--|---------------------------------------|--|

| | |
|-------------------------------|--|
| GEOGRAPHIC AREAS OF OPERATION | STATES IN WHICH LICENSSED TO DO BUSINESS IN? |
|-------------------------------|--|

| | |
|--|--|
| WHAT PERCENTAGE OF WORK IS YOUR CONTRACT DIRECTLY WITH OWNER: _____% GENERAL CONTRACTOR _____% | WHAT PERCENTAGE OF WORK IS NORMALLY SUBCONTRACTED TO OTHERS? |
|--|--|

| | |
|--------------------------------|---|
| WHAT TRADES ARE SUBCONTRACTED? | UNDER WHAT CONDITIONS DO YOU SECURE BONDS FROM YOUR SUBCONTRACTORS? |
|--------------------------------|---|

| | |
|--|--|
| DO YOU ENGAGE IN JOINT VENTURES? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOW OFTEN ARE YOU REQUIRED TO PROVIDE BONDS? <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> VERY SELDOM |
|--|--|

HISTORY

| | | | |
|---------------------------|--------------|-----------------------------|---|
| DATE BUSINESS ESTABLISHED | INCORPORATED | NAME OF PREDECESSOR COMPANY | WHEN DID CURRENT MANAGEMENT ASSUME CONTROL? |
|---------------------------|--------------|-----------------------------|---|

ORGANIZATION – OWNERS AND KEY EMPLOYEES

| NAME | YEAR BORN | % OF STOCK | NAME OF SPOUSE | POSITION | HERE | OTHER |
|------|-----------|------------|----------------|----------|------|-------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | |
|--|---|
| ARE THE OWNERS PERSONALLY ACTIVE IN THIS BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO | HAVE ANY OF THE PRINCIPALS DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS ON SEPARATE SHEET |
|--|---|

PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES

| NAME | LOCATION | OWNED BY | SCOPE OF OPERATIONS |
|------|----------|----------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

HAS ANY ENTITY IN WHICH THE CONTRACTOR, STOCKHOLDER OR RELATED COMPANIES HAVE FINANCIAL INTEREST, ENGAGED IN ANY FORM OF REAL ESTATE INVESTMENT, DEVELOPMENT OR BUILDING OR ANY OTHER REALTED ACTIVITIES?
 YES NO IF YES, DESCRIBE:

IN ADDITION TO CONTRACTING, WHAT OTHER BUSINESS ACTIVITIES ARE YOU OR DO YOU INTEND TO ENGAGE IN?

| RESUME' | | | | |
|--|---|---|--|--------------------|
| PRINCIPAL'S NAME | | STREET ADDRESS | | |
| BUSINESS TELEPHONE NO. | HOME TELEPHONE NO. | CITY | ST | ZIP CODE |
| PERSONAL DATA | | | | |
| DATE OF BIRTH | SOCIAL SECURITY NUMBER | MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W | | |
| SPOUSE NAME | | NAME & ADDRESS OF SPOUSES EMPLOYER | | |
| POSITION & LENGTH OF EMPLOYEMENT | | | | |
| EDUCATION AND EXPERIENCE | | | | |
| DID YOU GRADUATE HIGH SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO | COLLEGE START YEAR _____ TO _____ YEAR | | NAME & LOCATION OF COLLEGE | |
| SPECIAL EDUCATION RELATING TO CONSTRUCTION AND/OR YOUR TYPE OF PROFESSION | | | | |
| _____ | | | | |
| _____ | | | | |
| BUSINESS AND PROFESSIONAL EXPERIENCE RELATING TO CONSTRUCTION AND/OR YOUR TYPE OF PROFESSION | NAME OF PLANT | LENGTH OF TIME EMPLOYED | OCCUPATION | REASON FOR LEAVING |
| | DESCRIBE THE LARGEST PROJECT YOU WERE INVOLVED IN | | | |
| | _____ | | | |
| PERSONAL REFERENCES | | | | |
| NAME | ADDRESS | PHONE NO. | LENGTH OF KNOWN | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| BUSINESS HISTORY | | | | |
| HAVE YOU EVER BEEN OR ARE YOU NOW AN OWNER, PARTNER, OR STOCK HOLDER IN ANY OF THE FOLLOWING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING | | 1. NAME OF COMPANY | | |
| 2. TYPE OF BUSINESS | 3. DATE BUSINESS BEGAN | 4. <input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP | 5. PERCENT OF BUSINESS YOU OWN? _____% | |
| 6. NAME OF OTHER OWNERS | | 7. ARE YOU CURRENTLY BONDED? | | |
| _____ | | <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF BONDING COMPANY | | |
| _____ | | | | |
| 8A. IF BUSINESS IS NO LONGER ACTIVE, STATE REASON AND DATES BUSINESS TERMINATED OPERATIONS | | | | |
| _____ | | | | |
| _____ | | | | |
| 8B. HAVE YOU OR ANY MEMBER OF THIS FIRM OR PREDECESSOR FIRMS WITH WHICH YOU HAVE BEEN INVOLVED, EVER DECLARED BANKRUPTCY, EITHER PERSONALLY OR CORPORATELY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DETAILS | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

CONTINUITY - JOB COMPLETION

| | |
|---|---------------------------------------|
| IS THERE A FORMAL BUY-SELL AGREEMENT IN EFFECT? (IF YES, ATTACH A COPY) <input type="checkbox"/> YES <input type="checkbox"/> NO | HOW IS THE BUY-SELL AGREEMENT FUNDED? |
|---|---------------------------------------|

WHO IS THE BUY-SELL AGREEMENT BETWEEN?

AMOUNT OF LIFE INSURANCE PAYABLE TO THE CORPORATION

| NAME INSURED | INSURANCE COMPANY | AMOUNT | AMOUNT BORROWED | BENEFICIARY |
|--------------|-------------------|--------|-----------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

WHAT ARRANGEMENTS HAVE BEEN MADE TO ASSURE CONTRACTS ARE COMPLETED IN THE EVENT THE OWNER (S) ARE NOT AVAILABLE?

WHAT INCENTIVES ARE GIVEN KEY EMPLOYEES TO FOLLOW THROUGH (BONUSES, PROFIT SHARING, ETC)?

BANK REFERENCES

| | |
|---|---|
| 1 BANK NAME BANK ADDRESS CITY STATE ZIP CODE NAME OF LOAN OFFICER TELEPHONE NO. TELEPHONE NO. AMOUNT OF BANK LINE \$ _____ Unsecured \$ _____ Secured \$ _____ DESCRIPTION OF SECURITY <input type="checkbox"/> Accts. Receivable <input type="checkbox"/> Equipment/Real Estate <input type="checkbox"/> Inventory <input type="checkbox"/> Personal Endorsement <input type="checkbox"/> Contract Rights <input type="checkbox"/> Other _____ | 2 BANK NAME BANK ADDRESS CITY STATE ZIP CODE NAME OF LOAN OFFICER TELEPHONE NO. TELEPHONE NO. AMOUNT OF BANK LINE \$ _____ Unsecured \$ _____ Secured \$ _____ DESCRIPTION OF SECURITY <input type="checkbox"/> Accts. Receivable <input type="checkbox"/> Equipment/Real Estate <input type="checkbox"/> Inventory <input type="checkbox"/> Personal Endorsement <input type="checkbox"/> Contract Rights <input type="checkbox"/> Other _____ |
| EXPIRATION DATE AMOUNT OF BANK LINE CURRENTLY IN USE? \$ _____ | EXPIRATION DATE AMOUNT OF BANK LINE CURRENTLY IN USE? \$ _____ |

REFERENCES

LIST YOUR 5 MAJOR SUPPLIERS

| NAME/ADDRESS | TELEPHONE NO. | CREDIT MANAGER |
|--------------|---------------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

AT YOUR PRESENT FIRM IS:

| | | |
|--|--|--|
| <input type="checkbox"/> Paying within Terms | <input type="checkbox"/> 30-60 Days Late | <input type="checkbox"/> Discounting Bills |
| <input type="checkbox"/> 0-30 Days Late | <input type="checkbox"/> Over 60 Days Late | <input type="checkbox"/> Special Terms |

LIST 5 SUBCONTRACTS (CONTRACTORS IF YOU ARE A SUBCONTRACTOR) WITH WHOM YOU HAVE WORKED IN THE LAST 2 YEARS

| NAME/ADDRESS | TELEPHONE NO. |
|--------------|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

JOB EXPERIENCE (Continued) - Please list the six largest contracts completed in the last 5 years.

1. JOB

| | | | |
|--------------------|--------------|----------------------|--------------------------------|
| OWNER | PHONE NUMBER | CONTRACT PRICE \$ | AMOUNT OF PROFIT OR LOSS \$ |
| ARCHITECT/ENGINEER | PHONE NUMBER | DATE COMPLETED | |

2. JOB

| | | | |
|--------------------|--------------|----------------------|--------------------------------|
| OWNER | PHONE NUMBER | CONTRACT PRICE \$ | AMOUNT OF PROFIT OR LOSS \$ |
| ARCHITECT/ENGINEER | PHONE NUMBER | DATE COMPLETED | |

3. JOB

| | | | |
|--------------------|--------------|----------------------|--------------------------------|
| OWNER | PHONE NUMBER | CONTRACT PRICE \$ | AMOUNT OF PROFIT OR LOSS \$ |
| ARCHITECT/ENGINEER | PHONE NUMBER | DATE COMPLETED | |

4. JOB

| | | | |
|--------------------|--------------|----------------------|--------------------------------|
| OWNER | PHONE NUMBER | CONTRACT PRICE \$ | AMOUNT OF PROFIT OR LOSS \$ |
| ARCHITECT/ENGINEER | PHONE NUMBER | DATE COMPLETED | |

5. JOB

| | | | |
|--------------------|--------------|----------------------|--------------------------------|
| OWNER | PHONE NUMBER | CONTRACT PRICE \$ | AMOUNT OF PROFIT OR LOSS \$ |
| ARCHITECT/ENGINEER | PHONE NUMBER | DATE COMPLETED | |

6. JOB

| | | | |
|--------------------|--------------|----------------------|--------------------------------|
| OWNER | PHONE NUMBER | CONTRACT PRICE \$ | AMOUNT OF PROFIT OR LOSS \$ |
| ARCHITECT/ENGINEER | PHONE NUMBER | DATE COMPLETED | |

CURRENT WORK ON HAND

Attach a "Schedule of Uncompleted Work" form concurrent with the latest fiscal year end statement furnished and a current report if the latest financial statement is more than 3 months old.

The following questions pertain to the latest "Schedule of Uncompleted Work" form. Explain any "YES" answers in the space provided below. If additional space is required, attach a separate sheet of paper.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Was your bid on the project more than 10% below that of the second bid? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Any project behind schedule to complete? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Any delays or disputes on any projects? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Any in penalty for late completion? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you perform any contracts involving hazardous waste, asbestos removal or encapsulating? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

EXPLAIN ANY "YES" ANSWERS HERE (Attach additional sheets if necessary)

| PRIOR SURETIES | | | |
|---|---------------------------|---|---|
| NAME OF PRESENT SURETY | | STREET ADDRESS | |
| CONTACT PERSON | | CITY | ST ZIP CODE PHONE NO. |
| NAME OF PRESENT AGENT | | STREET ADDRESS | |
| CONTACT PERSON | | CITY | ST ZIP CODE PHONE NO. |
| HOW LONG HAVE YOU BEEN | REASON FOR CHANGING: | | |
| AS AN INDUCEMENT FOR BONDING, ARE YOU CURRENTLY PROVIDING: | | <input type="checkbox"/> PERSONAL INDEMNITIES | <input type="checkbox"/> ADDITIONAL CORPORATE INDEMNITIES |
| HAVE YOU BEEN REFUSED BY YOUR PRESENT OR PRIOR SURETY? | | | |
| <input type="checkbox"/> YES IF YES, | | | |
| <input type="checkbox"/> NO PLEASE EXPLAIN | | | |
| WHAT IS THE LATEST JOB BONDED? | | | |
| WHAT IS THE LARGEST APPROVED PROGRAM? | | | |
| INSURANCE CURRENTLY IN FORCE | | | |
| TYPE | NAME OF INSURANCE COMPANY | LIMITS | EXPIRATION |
| PROPERTY | | | |
| EQUIPMENT | | | |
| INSTALLATION FLOATER | | | |
| BUILDERS RISK | | | |
| LIABILITY INCLUDING COMPLETED OPERATIONS | | | |
| UMBRELLA LIABILTY | | | |
| PROFESSIONAL LIABILTY | | | |
| FIDELITY/FORGERY | | | |
| ACCIDENT INSURANCE | | | |
| OTHER | | | |
| OTHER | | | |
| TYPE OF GENERAL LIABILITY COVERAGE: <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE | | | |
| SUITS, JUDGEMENTS, DEFAULTS & CONTINGENT LIABILITES | | | |
| HAS YOUR COMPANY OR ANY OFFICER OR ANY PARTNER EVER FAILED IN BUSINESS OR COMPROMISED WITH CREDITORS? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAS YOUR COMPANY EVER FAILED TO COMPLETE A CONTRACT? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU EVER FAILED TO QUALIFY FOR A BOND AFTER AN AWARD? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAS YOUR BOND CREDIT EVER BEEN TERMINATED BY A SURETY? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE YOU ACTING AS A SURETY OR INDEMNITOR FOR OTHERS? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE YOU ACTING AS AN ENDORSER FOR OTHERS ON THEIR NOTES OR ACCOUNTS? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DOES YOUR COMPANY OR ANY OFFICER OR ANY PARTNER OWE ANY MONEY TO A BONDING COMPANY? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAS YOUR COMPANY OR ANY OFFICER OR PARTNER EVER REQUIRED ANY FINANCIAL ASSISTANCE OR BORROWED ANY MONEY FROM A BONDING COMPANY? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ATTORNEY NAME | | ADDRESS | PHONE NO. |
| ANY LITIGATION CURRENTLTLY PENDING? (IF YES, PLEASE EXPLAIN) <input type="checkbox"/> YES <input type="checkbox"/> NO (if any previous litigation, have attorney send a letter explaining details) | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

SCHEDULE OF UNCOMPLETED WORK (ALL WORK - BONDED & UNBONDED - IF COST PLUS PLEASE INDICATE)

| NAME OF CONTRACTOR | | | | | | | | DATE AS OF: | |
|--------------------|---------------|---|--------|--|--|--|--|--------------------|--|
| DESCRIPTION OF JOB | STARTING DATE | COMPLETION DATE | BONDED | UN BONDED | CONTRACT PRICE (Including Cost of Approved Change Orders) | CONTRACTORS ESTIMATE COST WHEN BID (Including Cost of Approved Change Orders) | TOTAL BILLED TO DATE Including Retainages Explain any dispute items) | TOTAL COST TO DATE | TOTAL REVISED ESTIMATED COST TO COMPLETE |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| 14. | | | | | | | | | |
| 15. | | | | | | | | | |
| TOTALS | | TOTAL UNCOMPLETED WORK BY SUBCONTRACTOR: | | REMARKS _____ _____ _____ _____ | | | | | |
| BONDED | | UNBONDED | | | | | | | |
| SIGNATURE | | | | | | | | | |
| TITLE | | | | | | | | | |