



CONTRACT BONDS

Thank you for your request. Please provide the following items to enable us to respond to your surety request in a timely manner.

1. **Completed Surety Questionnaire**
2. **Business Financial Statements**
Last 3 fiscal year end financial statements of business entity, plus current interim financial statements.
If this statement is more than six months old, we require a current interim statement. Note: All financial statements are to include both a balance sheet and a profit and loss statement.
3. **Personal Financial Statement(s) of Owners (Format Attached)**
Required on all Stockholders of a Corporation who own more than 10% of the stock or all Partners of a Partnership, or the Sole Proprietor.
4. **Bank Verification and 2 Months Personal and Business Bank Statements.**
5. **Copy of Bank Line of Credit Agreement and Latest Statement**
6. **Work on Hand (Format Attached)**
7. **Copy of Construction Contract, Bond Forms, Bid Results (If Bid, Bid Specifications)**
8. **Contract Bond Request Form (Form Attached)**

If you have any questions regarding this list, Please do not hesitate to call us. We look forward to working with you.

Phone: [714.505.7011](tel:714.505.7011)

Email: submissions@performancebonding.com

Thank you for your business!





Performance Bonding Surety & Insurance Brokerage L.P.

15901 Red Hill Avenue, Suite 100
Tustin, CA 92780
Phone: 714-824-8364 Fax: 714-573-1770
Email: submissions@performancebonding.com

CONTRACT BOND REQUEST FORM

To: _____

Today's Date: _____

From: _____

Contractor: _____

Obligee (Bond Payable To): _____

Address: _____

Legal Project Name (including any identifying numbers): _____

Job Location: _____

Scope of Work: _____

Estimated Start Date: _____

Work On Hand As Of: \$ _____

Completion Time: _____

Penalties/Damages: \$ _____

Special Bond Forms? Yes (attach forms) No

Retainage: % _____

Warranty Period: _____

Covered By Manufacturer? Yes No

Job Breakdown: _____

Labor: % or \$ _____

Materials: % or \$ _____

Subcontracts: % or \$ _____

Profit: % or \$ _____

List Major Subcontractors

Amount

Sub Bonded?

_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Architect/Engineer _____ Phone: _____

Special Hazards: _____

BID BOND INFORMATION

Bid Date and Time: _____ Estimated Bid: \$ _____

Bid Bond Amount: % or \$ _____ Bid Opening Location: _____

BID RESULTS

Low Bidder: _____ Bid Amount: \$ _____

2nd Bidder: _____ Bid Amount: \$ _____

3rd Bidder: _____ Bid Amount: \$ _____

Do you expect to be awarded the contract? Yes No

Comments: _____

PERFORMANCE & PAYMENT BOND INFORMATION

Contract Date: _____ Contract Amount: \$ _____

Performance Bond Amt: % Payment Bond Amt: % Number of Executed Sets: _____

Please include a certificate of insurance with the bond: Yes (attach requirements) No

NOTE: Please attach a copy of the bid specs or contract. Failure may result in the delay of delivery of the bond.





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CONTRACTOR QUESTIONNAIRE

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?
Contracting specialty:
LEED project experience:
Geographic area(s) of operation:
Type of business:
Employees (# of):
Affiliations:
Certifications:

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
2
3
4
5

Will all owners and their spouses provide full personal indemnification to the surety?
Explain:
Is there a buy/sell agreement among the owners of the business?
Is this agreement funded by life insurance?



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:





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BANK / CREDIT REFERENCE FORM

By signing the line below, I hereby authorize _____ to release to _____ the information requested and to discuss same with them, said _____ to remain in effect until rescinded.

Signature _____ Name _____ Date _____

The section below is to be completed by your bank.

ACCOUNT INFORMATION

Account Name: _____
Address: _____
Financial Institution: _____
Customer Since: _____ Information is current as of: _____

	Checking	Savings
Current Balance:	\$ _____	\$ _____
Average Balance: <i>(last 12 months)</i>	\$ _____	\$ _____

LINES OF CREDIT INFORMATION

Line of Credit	Working Capital	Equipment
Total Approved Credit:	\$ _____	\$ _____
Amount Currently Borrowed:	\$ _____	\$ _____
Maximum Borrowed: <i>(last 12 months)</i>	\$ _____	\$ _____
Minimum Borrowed: <i>(last 12 months)</i>	\$ _____	\$ _____
Expiration Date:	_____	_____
In compliance with all covenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

Comments: _____

COMPLETED BY

Name: _____ Title: _____
Branch: _____ Phone: _____
E-mail: _____

Signature _____ Name _____ Date _____





CONSENT TO PULL CREDIT

The undersigned hereby expressly authorize Performance Bonding Surety & Insurance Brokerage, L.P. and/or its affiliates, subsidiaries, etc to access their credit records and to make such pertinent inquiries and may be necessary for the verification and underwriting of surety.

Understood and Agreed to:

Name of individual: _____

Social Security Number: _____

Address: _____

City State and Zip: _____

By: _____ Signature

Name of individual: _____

Social Security Number: _____

Address: _____

City State and Zip: _____

By: _____ Signature

