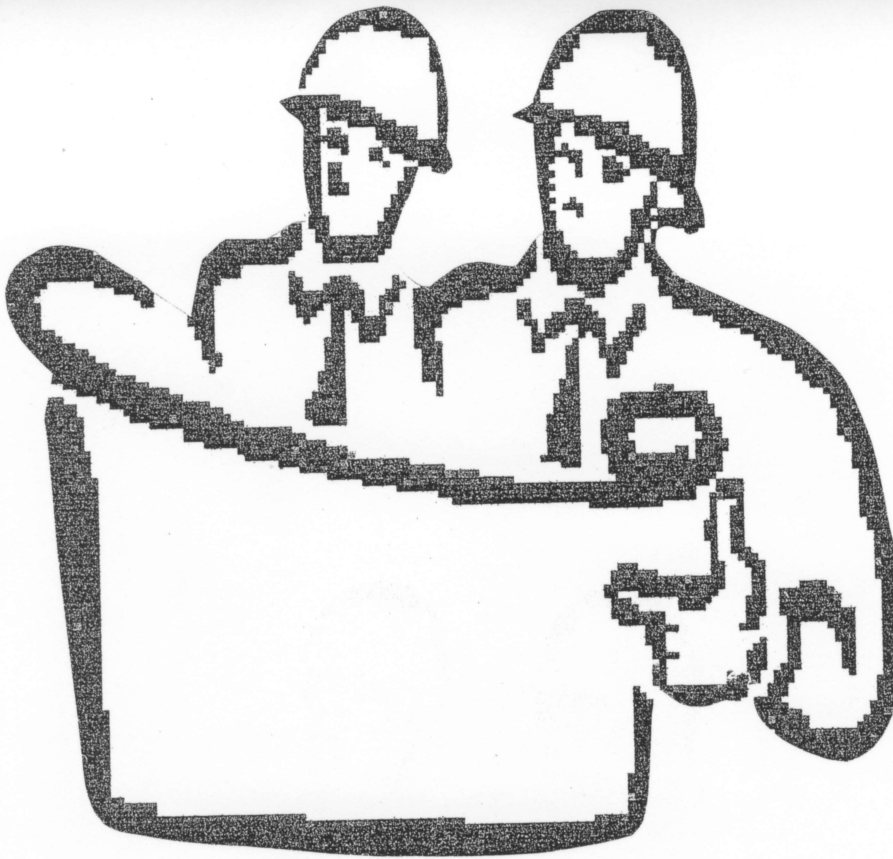


TEL: (800) 298-4826  
FAX: (800) 266-3770



Name as licensed: \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Type of entity:  CORPORATION     SUBCHAPTER S CORPORATION     LIMITED LIABILITY COMPANY  
 PARTNERSHIP     JOINT VENTURE     SOLE PROPRIETORSHIP

Type of construction: \_\_\_\_\_ Year this business started: \_\_\_\_\_

What percentage of your work is performed as a general contractor? \_\_\_\_\_%, as a subcontractor \_\_\_\_\_%.

What percentage of your work do you typically sub to others? \_\_\_\_\_%. Do you bond your major subcontractors? \_\_\_\_\_

List construction license types held by firm with license number and state: \_\_\_\_\_

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| ■ Is the company a subsidiary, parent, or holding company of any other company?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has there been any change in the control of the company or any related entity in the past three years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has the company ever failed to complete a contract?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy, or been placed in receivership? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are there any liens filed against the company's or related entity's projects?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Is the company, any stockholder, owner, partner or related entity an indemnitor or guarantor to any creditor?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Have any or all of the company's accounts receivable or retentions been assigned, pledged, hypothecated, sold or discounted?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are you involved in any litigation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Do you have a continuity plan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are any assets of the company or any indemnitor held in trust?  | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all "YES" answers below; use additional pages if necessary.

**PRINCIPALS OF THE COMPANY**

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ( )	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM	YEAR BORN	
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ( )	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM	YEAR BORN	
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ( )	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM	YEAR BORN	
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

**BUSINESS BANKING**

Name of Bank \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Years with this Bank \_\_\_\_\_  
 Contact \_\_\_\_\_ Account Numbers \_\_\_\_\_  
 Indicate line of credit amount \$ \_\_\_\_\_ How secured? \_\_\_\_\_ How much in use \$ \_\_\_\_\_

**ACCOUNTING**

Name of accounting firm \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Years with this Firm \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Fiscal year end is \_\_\_\_\_ Audit/Review/Other \_\_\_\_\_ How often are financial statements prepared? \_\_\_\_\_  
 Does this accounting firm also prepare the business and individual tax returns? \_\_\_\_\_ If not explain \_\_\_\_\_  
 Date of last IRS audit \_\_\_\_\_ Results \_\_\_\_\_

**BONDING**

Who was your prior bonding company? \_\_\_\_\_  
 Location \_\_\_\_\_ Underwriter \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_ ) \_\_\_\_\_  
 Years with this bonding company \_\_\_\_\_ Date and amount of largest single contract bonded \$ \_\_\_\_\_  
 Largest work on hand at any one time was \$ \_\_\_\_\_ during \_\_\_\_\_ (YEAR) and consisted of \_\_\_\_\_ contracts.  
 Bond credit desired: Single contract \$ \_\_\_\_\_ Total work program at any one time \$ \_\_\_\_\_  
 Has any bonding company ever declined to furnish you or your company a bond? \_\_\_\_\_ If yes, why? \_\_\_\_\_  
 \_\_\_\_\_  
 Have you provided collateral to the bonding company? \_\_\_\_\_ If yes, describe \_\_\_\_\_  
 Reason for changing bonding company? \_\_\_\_\_

**INSURANCE**

Does your company carry insurance for:	YES	NO	Limits
■ Liability with completed operations	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Workers' compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Property owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Equipment owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Business life insurance:			

**NOTE: It may be necessary to verify that specific insurance is in full force and effect prior to bond issuance.**

Insured	Company	Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Who is your Broker/Agent for insurance? \_\_\_\_\_

**REFERENCES**

List the four largest contracts completed in the last five years:

OWNER / GENERAL CONTRACTOR	PHONE ( )	FAX ( )		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	
OWNER / GENERAL CONTRACTOR	PHONE ( )	FAX ( )		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	
OWNER / GENERAL CONTRACTOR	PHONE ( )	FAX ( )		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	
OWNER / GENERAL CONTRACTOR	PHONE ( )	FAX ( )		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	

**List five principal material suppliers/subcontractors:**

NAME	PHONE ( )	FAX ( )
ADDRESS	CONTACT	
NAME	PHONE ( )	FAX ( )
ADDRESS	CONTACT	
NAME	PHONE ( )	FAX ( )
ADDRESS	CONTACT	
NAME	PHONE ( )	FAX ( )
ADDRESS	CONTACT	
NAME	PHONE ( )	FAX ( )
ADDRESS	CONTACT	

**List three architects or engineers who are familiar with your work:**

NAME	PHONE ( )	FAX ( )
ADDRESS	CONTACT	
NAME	PHONE ( )	FAX ( )
ADDRESS	CONTACT	
NAME	PHONE ( )	FAX ( )
ADDRESS	CONTACT	

**ADDITIONAL INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Each of the undersigned affirms that the foregoing statements are true and are made to induce \_\_\_\_\_ (hereinafter called Surety) to execute or procure the execution of surety bonds, and any extension, modification, or renewal thereof, addition hereto, or substitution therefor. Each of the undersigned further affirms and understands that suretyship is credit, and authorizes Surety, or its authorized agent, \_\_\_\_\_ to gather information it considers necessary for evaluating whether or not credit should be granted.

DATE: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

SUBMITTED THROUGH: Bond Connection PO 4164 Dana Pt 92629

BROKER / AGENCY ADDRESS

PRODUCER NO. 101342 B Pfister 800-298-4826 800-266-3770

CONTACT PHONE FAX