

Name of Company: _____

Address: _____ Fiscal Year End: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Federal ID#: _____

Contact Person: _____ Title: _____

Yr. Business Started: _____ Type of Entity: ☐Corp. ☐Part ☐Sub S Corp ☐LLC ☐Other _____

State of Incorporation: _____ Area of Operation: _____

Please list the corporate officers, partners, and or proprietors of your firm:

	Name	DOB	Position	Percent owned	Name of Spouse
A					
B					
C					
D					
E					

Will the listed individuals and spouses personally indemnify the surety? ☐Yes ☐No

If No explain: _____

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

If so, is this agreement funded by life insurance? ☐Yes ☐No

Company Indemnity? ☐Yes ☐No

Cross/Corp Indemnity? ☐Yes ☐No

Number of Employees: _____ How Many Work Crews: _____

Has your firm or any of its principals ever petitioned for bankruptcy, or ever failed in business, or defaulted so as to cause a loss to a surety? ☐Yes ☐No

If yes please explain: _____

Is your firm or any of its owners or officers currently involved in any litigation? ☐Yes ☐No

If yes please explain: _____

What percentage of your company's work is normally for:

Governmental Agencies: _____% Private Owners: _____%

What Percentage of your company's work is normally subcontracted? _____%

Are bonds required of your subcontractors? ☐Yes ☐No

What trades are normally subcontracted? _____

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

Amount: \$ _____ Year: _____

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

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

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

What trades do you normally undertake with you own employees? _____

Do you lease equipment? ☐Yes ☐No Type of Lease? _____

What are the terms of the lease? _____

Name of Your Certified Public Accountant (CPA): _____

Address: _____

Contact Person: _____ Telephone: _____

What basis are taxes paid? ☐Cash ☐Completed Job ☐Accrual ☐Pct. Of Completion

What basis are financial statements? ☐Cash ☐Completed Job ☐Accrual ☐Pct. Of Completion

What level of assurance are financial statements prepared? ☐CPA Audit ☐Review ☐Compilation

How often are financial statements prepared? ☐Annually ☐Semi-Annual ☐Quarterly ☐Monthly

Do you have a full time accountant on staff? ☐Yes ☐No Years of Experience _____

What accounting system or software program do you utilize? _____

Are job cost records kept? ☐Yes ☐No

How often are they reviewed? _____ How often updated? _____

Do they show job detail? ☐Yes ☐No Frequency? _____

Name of your bank: _____

Address: _____

Contact Person: _____ Telephone: _____

Bank Line of Credit? ☐Yes ☐No, if yes amount \$ _____

Expiration date of line of credit? _____ Interest rate: _____

UCC Filing? ☐Yes ☐No How is credit secured? _____

Is your firm a Union shop? ☐Yes ☐No Dun & Bradstreet Number? _____

Previous Bonding companies:

	Name	Reason for Leaving
1		
2		
3		

List five (5) of your largest contracts (include contact name & phone number for reference)

	Job Name	Contract Price	Gross Profit	Completion Date	Bonded?
1	Owner:				☐ Yes ☐ No
2	Owner:				☐ Yes ☐ No
3	Owner:				☐ Yes ☐ No
4	Owner:				☐ Yes ☐ No
5	Owner:				☐ Yes ☐ No

List five (5) of your major suppliers:

	Name	Address	Telephone	Contact
1				
2				
3				
4				
5				

List five (5) subcontractors (or contractors if you are a subcontractor) that you do business with:

1	Name: Address: Contact:	Telephone: Job:
2	Name: Address: Contact:	Telephone: Job:
3	Name: Address: Contact:	Telephone: Job:
4	Name: Address: Contact:	Telephone: Job:
5	Name: Address: Contact:	Telephone: Job:

List three (3) Architects you have done business with:

1	Name: Address: Contact:	Telephone: Job:
2	Name: Address: Contact:	Telephone: Job:
3	Name: Address: Contact:	Telephone: Job:

List key personnel, foreman, supervisors, etc.:

	Name	Position	Age	Yrs Exper.	Previous Employer
1					
2					
3					
4					
5					

List any life insurance in effect on key personnel:

	Name	Beneficiary	Amount	Cash Value
1				
	Insurance company			
2				
	Insurance company			
3				
	Insurance company			

Group Life Insurance Carrier: _____ Anniversary date: _____

Coverage per employee: \$ _____ Multiple of Annual Salary? 1X ☐ 2X ☐ other: _____

Group Disability Carrier: _____

Maximum benefit per month \$ 5000 ☐ \$10,000 ☐ \$15,000 ☐ other: \$ _____

List any subsidiaries, affiliates, and joint ventures of your company:

	Name	Ownership	Type of business	NANDA Code
1				
2				
3				

Remarks Section:

(if any of the previous question require any additional explanation please describe in this area, and include any additional supporting documentation)

Please Indicate

Documents included in

Submission

- ☐ 1. Company fiscal year end financial statements for the past three (3) years (Please provide as many years as possible).
- ☐ 2. Current interim financial statement, or in-house balance sheet and income statement
- ☐ 3. Financial statements or Tax Returns of affiliates, subsidiaries, joint venture. Parents organizations. (if any).
- ☐ 4. Current Personal financial statements for all owners. (Statements must be signed).
- ☐ 5. Current work on hand schedule.
- ☐ 6. Resumes on key personnel, and owners.
- ☐ 7. Letter from bank indicating current credit facility.
- ☐ 8. Copy of buy sell agreement, or business continuity plan.
- ☐ 9. Aging of Receivables (30,60,90 days) reconcilable to current year end financial statement and current interim financial statement
- ☐ 10. Three (3) references (include contact name and telephone).

WARNING

NOT APPLICABLE IN COLORADO, OHIO, OKLAHOMA, UTAH AND VIRGINIA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY
ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY
FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION
CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH
IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES.

WARNING

(FOR USE IN COLORADO)

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR
INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING
TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF
INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE
COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR
INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR
ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT
OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO
DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

WARNING

(FOR USE IN OHIO)

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWINGLY THAT HE/SHE IS FACILITATING A
FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE
OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

WARNING

(FOR USE IN UTAH)

FOR YOUR PROTECTION, UTAH LAW REQUIRES THE FOLLOWING TO BE INCLUDED IN THIS
APPLICATION: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING
INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY
COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR
BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND
MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

WARNING

(FOR USE IN OKLAHOMA)

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE
ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING
ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

WARNING

(FOR USE IN VIRGINIA)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR
OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR
CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO,
COMMITS FRAUD, WHICH IS A CRIME. IN SOME JURISDICTIONS, SUCH CRIME SHALL ALSO BE
SUBJECT TO SUBSTANTIAL CIVIL PENALTIES.

SIGNATURE AND AGREEMENTS

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any insurance coverage or surety issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the insuring company would not have issued the policy or surety line if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance or surety (if issued). The undersigned hereby authorizes True & Associates, and its subsidiaries, and or its affiliates to use the information contained in this application and in their files for the purpose of underwriting this insurance or surety.

THE APPLICANT ACCEPTS NOTICE THAT HE/SHE IS REQUIRED TO PROVIDE WRITTEN NOTIFICATIONS TO THE COMPANY OF ANY CHANGES IN THE RESPONSES GIVEN TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.

Signature of Applicant

Date

Title