

Contractor Bond Kit

Following is a list of forms and items needed to get set up for bid, payment and performance bonds. Please be kind enough to complete each form in its entirety and provide us as much information as possible. The more information we have, the faster we can say YES to your approval. If you have any questions or need any assistance, please do not hesitate to contact us immediately.

General Forms to Complete

- Contractor's Questionnaire
- Personal Financial Statement—all owners, partners, stockholders or members must complete.
- Business Plan
- ➤ **Resume**—all owners, partners, stockholders, members and key personnel must complete.
- Work on Hand—must be current within 30 days.
- > Bank Reference Letter—please have your bank representative complete the form and return to us.
- ➤ Reference Letter—please have a representative from your 3 largest projects complete this form and return directly to us.
- > Supplier Reference Letter—please have a representative from 3 prime suppliers complete this form and return directly to us.

Financial Statements

- Please provide copies of the company's CPA prepared fiscal year-end statements for the last 3 years.
 - The statements must be prepared by a CPA using the percentage of completion method of accounting.
 - If your company is new or recently incorporated, please have your CPA prepare an opening financial statement.
 - If your statement is more than 6 months old, please provide an interim statement less than 90 days old.

Bond Request Forms

Please complete the bond request forms ONLY if you have a CURRENT bond request.

- Bid Bond Request—complete this form only if you have a current bid bond request.
- Payment and Performance Bond Request—Complete the form only if you have a current payment & performance bond request.
- > Job Cost Breakdown—This form must accompany all bond requests.

Other Items Needed

- Corporate Tax Returns for the LAST 3 YEARS. If you have filed an extension for this year, please provide a copy of the extension.
- **Personal Tax Returns for the LAST 3 YEARS**. All owners, partners, stockholders and/or members must submit their personal tax returns.
- Current Certificate of Insurance

***Please be as thorough as possible when completing all sections of the bond kit.

Contact us immediately with any questions or if you need assistance.***



Contractor's Questionnaire

Business Information				
Business Name:	o be listed on your bond to include any D.B.A.			
Business Address: Please list FULL business address to be listed on your bond.				
	·			
	Corp LLC EIN:			
Effective Date of Business:	Year/State of Incorporation:			
Company Specialty:				
Affiliated Companies:				
Contact Information				
Contact Name:				
Office Phone:	Cell Phone:			
Fax:	E-mail:			
Website:				
Owner Information				
Please list legal information for all owners, partners, stockholder	·			
Name:	SSN:			
Address:				
Title:	Percentage of Ownership:			
Spouse's Name:	Spouse's SSN:			
Name:	SSN:			
Address:				
Title:	Percentage of Ownership:			
Spouse's Name:	Spouse's SSN:			
Name:	SSN:			
Address:				
Title:	Percentage of Ownership:			
Spouse's Name:	Spouse's SSN:			

Company Background Information	
Has your company ever been bonded? ☐ Yes ☐ No	Previous Surety:
Reason for leaving previous surety:	
Largest Bonded Project:	Largest Unbonded Project:
Largest Work Program:	Number of Projects:
% of Work Performed In-House:	% of Work Subcontracted:
Has your company ever been declined for bonding? Has your company ever failed to complete a project on schedul Is there any litigation or claims pending on completed work? Has your company or any of its principals ever petitioned for ba defaulted so as to cause a loss to a surety? Have any owners/partners/stockholders/members ever had an or conviction?	☐ Yes ☐ No nkruptcy, failed in business or ☐ Yes ☐ No
Financial Information	
Date of Fiscal Year End:	Financial Statements Prepared By CPA? Yes No
Name and Address of CPA:	
On what basis are financial statements prepared? Cash	Accrual % of Completion Complete Contract
Classification of year end statement: Audit Review	Compilation
How often are financial statements prepared? Annually	Semi-Annually Quarterly
Banking Information	
Bank Name:	
Do you have an established line of credit? Yes No	Amount:
How much is currently available?	Expiration Date:
Is the line secured? ☐ Yes ☐ No	Type of security?
Insurance Information	
General Liability Insurance Carrier:	
Hazardous Liability Carrier:	
Workers Compensation Insurance Carrier:	
Supplier References	
Company Name:	Contact Person:
Phone:	E-Mail:
Company Name:	Contact Person:
Phone:	E-Mail:
Company Name:	Contact Person:
Phone:	E-Mail:

Completed Projects References Please provide complete information on the 5 largest pro	jects completed by your company
Project Name:	
Obligee Name:	
Contact Name:	
Date Completed:	
If bonded, Name of Surety:	
Project Name:	Contract Amount:
Obligee Name:	
Contact Name:	
Date Completed:	
If bonded, Name of Surety:	
Project Name:	Contract Amount:
Obligee Name:	
Contact Name:	Contact Phone:
Date Completed:	Final Profit:
If bonded, Name of Surety:	
Project Name:	Contract Amount:
Obligee Name:	
Contact Name:	
Date Completed:	
If bonded, Name of Surety:	
Project Name:	Contract Amount:
Obligee Name:	
Contact Name:	Contact Phone:
Date Completed:	Final Profit:
If bonded, Name of Surety:	
statement and agreements incorporated by herein by reference. The undersigned, and each of us, authorize the Surety to obtain credit information and make of us further represent that the information contained in this application and all documents referre bond(s) and that Surety is relying upon such information as a condition to the issuance of such naddition to the information contained in this application as well as the terms and conditions the require insurance on the principal or key employees with the Surety named as beneficiary. In containing the property of the principal or the principal	hereof, applicant acknowledges that he has been advised that the Surety may, as additional collateral, ase of death said collateral shall be used to indemnify Surety against loss or expense. If said collateral shall
X	Date:

Signature & Title



Personal Financial Statement

Name:	Date:	_
Home Address:		
Business Name:		
ASSETS	LIABILITIES	
Cash on Hand & in Banks \$	Accounts Payable	\$
Savings Accounts \$	Notes Payable to Banks and Others	\$
IRA or Other Retirement Account(s) \$	(Describe in Section 2)	
Accounts & Notes Receivable \$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value. \$	Installment Account (Other)	_
(Complete Section 8)	Loan on Life Insurance	
Stocks and Bonds \$	Mortgages on Real Estate	\$
(Describe in Section 3)	(Describe in Section 4)	
Real Estate \$	Unpaid Taxes	\$
(Describe in Section 4)	(Describe in Section 6)	
Automobile Present Value \$	Other Liabilities	\$
Other Personal Property\$	(Describe in Section 7)	
(Describe in Section 5)	Total Liabilities	\$
Other Assets\$	Net Worth	\$
(Describe in Section 5)		¢
Total \$	Total	\$
Section 1 ~ Source of Income	Contingent Liabilities	
Salary \$	As Endorser or Co-Maker	\$
Net Investment Income \$	Legal Claims & Judgments	\$
Real Estate Income \$	Provisions for Federal Income Tax	\$
Other Income (Describe Below) \$	Other Special Debt	\$
Description of Other Income in Section 1		

Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed, Type of Collateral

Section 4 ~ Real Esta Type of Pr Ar Date Purc Origina Present Market Mortgage Mortgage Account N Mortgage B Amount of Payment per Status of Mo	Property Address The chased and Cost at Value Holder Number Balance Thought	perty A	Market Value/ Quotation se attachments if necessary. Property B		roperty C
Type of Pr An Date Purc Origina Present Market Mortgage Mortgage Account N Mortgage B Amount of Payment per Status of Mo ection 5 ~ Other Per	Property Address The chased and Cost at Value Holder Number Balance Thought	perty A			roperty C
Type of Pr An Date Purc Origina Present Market Mortgage Mortgage Account N Mortgage Banount of Payment per Status of Mo ection 5 ~ Other Per	Property Address The chased and Cost at Value Holder Number Balance Thought	perty A			roperty C
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Date Purc Origina Present Market Mortgage Mortgage Account N Mortgage Banount of Payment per Status of Mo	rchased nal Cost et Value Holder Number Balance r Month				
Origina Present Market Mortgage Mortgage Account N Mortgage B Amount of Payment per Status of Mo Pection 5 ~ Other Per	Holder Number Balance r Month				
Origina Present Market Mortgage Mortgage Account N Mortgage B Amount of Payment per Status of Mo Pection 5 ~ Other Per	Holder Number Balance r Month				
Present Market Mortgage Mortgage Account N Mortgage B mount of Payment per Status of Mo ection 5 ~ Other Per	Holder Number Balance r Month				
Mortgage Mortgage Account N Mortgage B mount of Payment per Status of Mo ection 5 ~ Other Per	Holder Number Balance r Month				
Mortgage Account N Mortgage B mount of Payment per Status of Mo ection 5 ~ Other Per ection 6 ~ Unpaid Ta	Number Balance r Month				
Mortgage Barmount of Payment per Status of Mo ection 5 ~ Other Per ection 6 ~ Unpaid Ta	Balance r Month				
Status of Mo	r Month			_	_
Status of Mo					
ection 5 ~ Other Per ection 6 ~ Unpaid Ta	ortgage				
ection 6 ~ Unpaid Ta		1			
ection 6 ~ Unpaid Ta			/D!h!/		
	rsonal Property and (Other Assets of	(Describe, and if any is pled of lien holder, amount of lier describe delinquency.)		
		C	uescribe demiquency.)		
ection 7 ~ Other Lia	axes (Describe in det attaches.)	tail, as to type, to who	om payable, when due, amou	unt, and to what prop	perty, if any, a tax
ection 7 ~ Other Lia					
ection 7 ~ Other Lia					
ection 7 ~ Other Lia	hilitiaa (p. 11				
	abilities (Describe	in detail.)			
ection 8 ~ Life Insur	rance (Give face amou	unt and cash surrende	er value of policies - name i	nsurance company a	and beneficiaries.)
hereby certify that th	ne above information i	is accurate and tru	rue as of the date state	d. I authorize the	American Sur
onds Agency, LLC	and/or the Surety	to verify the acc	curacy of the stateme	ents made and	to determine
editworthiness. I und	lerstand FALSE statem	nents my result in f	forfeiture of benefits and	I may be punishat	ole by law.
gnature:			Date	<u>:</u>	
gnature:					



Business Plan
Name of Business:
Business Address:
Original Number of Employees: Current Number of Employees:
Description of work done by the firm:
In the event of injury or death, who would run your business?
Do you have a formal succession plan in place? Yes No
Do you have life insurance?
Is the life insurance payable to the company?
Is there enough to cover your current outstanding work on hand? Yes No
How much life insurance do you have for your family?
Provide a description of management and continuity provisions currently in place for the business:
What will happen when you retire?
What are your business goals for the next 12 months?



Resu	me			
Name:				
Complete Home Address:				
Date of Birth:	SSN:			
Educat				
Level of Education Completed:				
College Attended:	Dates Attended:			
Special education/training taken related to your profession	n/specialty:			
Experie	ence			
Company Name:	Dates of Employment:			
Starting Position:	Percentage of Ownership:			
Present Position/Responsibilities:				
Company Name:	Dates of Employment:			
Position/Responsibilities:				
Company Names	Datas of Employments			
Company Name:	Dates of Employment:			
Position/Responsibilities:				
Company Name:	Dates of Employment:			
Position/Responsibilities:				
References				
Name:	Relationship:			
Address:	Phone:			
Name:	Relationship:			
Address:	Phone:			
Name:	Relationship:			
Address:	Phone:			



Directions for Completing a Work on Hand

A work on hand is simply a chart outlining all projects currently in progress. Your work on hand will be used in evaluating your bonding capacity and all bond requests. As such, it is important that we have an accurate description of all projects on hand. As a general rule, we require an updated work on hand quarterly.

- 1. Write your company name and the date at the top of the chart where indicated.
- 2. In the left hand column, provide us with a brief description of the project: Project Name & Obligee.
- 3. In the next two columns, provide the start date and anticipated completion date. Please do not include any projects that are complete.
- 4. Please indicate whether the project was bonded or not by checking the appropriate box.
- 5. In the column labeled "CONTRACT PRICE," enter the amount of the contract. This total should also include any change orders to the project. Please list only projects of \$50,000 or more.
- 6. In the column labeled "CONTRACTOR'S COST," enter the amount it will cost you to complete the project (contract amount profit).
- 7. In the column labeled "TOTAL BILLED TO DATE," enter the total amount you have billed to date.
- 8. In the column labeled "**TOTAL COST TO DATE**," enter the total amount it has cost you to do the project to date. This should not include any profit.
- 9. In the column labeled "**TOTAL REVISED COST TO COMPLETE**," enter the total amount it will cost you to complete the project. Generally you can use the following equation to reach the total:
 - CONTRACTORS COST TOTAL COST TO DATE = TOTAL REVISED COST TO COMPLETE
- 10. After you have completed entering all projects, total each column and record it in the bottom "**TOTALS**" fields.
- 11. In the bottom left section, record all totals:
 - a. **Total Uncompleted Work** This amount can be figured by adding all amounts listed in the "TOTAL REVISED COST TO COMPLETE" column.
 - b. **Total Uncompleted Work By Sub Contractors** Please enter the amount of your uncompleted work that will be done by subcontractors.
 - c. **Bonded & UnBonded** These amounts can be figured by adding the "TOTAL REVISED COST TO COMPLETE" fields for the bonded projects and then the unbounded projects.
- 12. After all totals have been entered, review and sign in the bottom right section.



Schedule of Uncompleted Work

Contractor:							Date:		
Project Title & Obligee	Start Date	Estimated Date of Completion	Bonded	Unbonded	Contract Price (Including Approved Change Orders)	Contractor's Cost (Including Cost of Approved Change Orders)	Total Billed To Date	Total Cost To Date	Total Estimated Cost to Complete
			Tot	als					
									<u> </u>
Total Uncompleted Work:			_	S	Signature:				
Total Uncompleted Work by Subcontract	ors:		_	T	itle:				
Total Bonded Work:			(Comments:					
Total Unbonded Work:			_	_					



Notary's Signature:_____

1935 Cliff Valley Way #115 Atlanta • Georgia • 30329 (404) 486-2355 (Main) (877) 201-8976 (Toll Free) (404) 393-0826 (Fax) info@suretybondsagency.com www.suretybondsagency.com

Commission End Date:

	Bank Refere	ence Letter
Principal (Business) Name:		
Business Address:		
Bank Name:		
Bank Address:		
Bank Representative Name & Ti	tle:	
Phone:		Email:
The remainder of the form must be notarized.	st be completed by your bal	nk representative. The representative's signature must
	General Bank	Information
Opening Date of Operating Acco	unt(s):	
Current Year Average Balance:_	Prev	ious Year's Average Balance:
Savings Account(s)?	☐ No Pres	ent Savings Account Balance:
	Line of	Credit
Date Line of Credit Opened:		Expiration Date:
Maximum High Credit:		Present Balance in Use:
Secured? ☐ Yes ☐ No		Collateral:
	Installmer	nt Loans
Total Current Balance of Outstar	iding Installment Loans:	
Total Paid Per Month:		Maximum Term of Indebtedness:
Secured? ☐ Yes ☐ No		Collateral:
	Principal In	formation
Is Principal Co-Endorser for Other	ers? 🗌 Yes 🔲 No	
If Yes, for Whom?		Amount:
Does bank know of any continge	nt liabilities facing Principal?	
Any liens filed, judgments, suites	or claims pending?	
Does the bank have current finar	ncial information about the Pri	incipal?
Does the bank have knowledge	of the Principal's key personn	el?
		complete and accurate to the best of my knowledge.
Signature:		Date:
State of:	County of:	Date:



Contact Name:_____

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Date:

Reference Letter Principal (Business) Name: Address:____ Phone:_____ Fax:_____ Contact Name:_____ Email:_____ To Whom It May Concern: The above listed Principal has applied to American Surety Bonds Agency for a surety bond and has listed your name as a reference. Please be kind enough to complete this letter of reference regarding previous work the Contractor has performed for you. Please return the completed form directly to American Surety Bonds Agency via fax or email. Should you have any questions, please do not hesitate to contact us. Largest Project Completed (Dollar Amount): Project Title: Type of Work: _____ Location of Project: Project Start Date: Project End Date: Quality of Workmanship: Cooperation: Was the project completed on time? ☐ Yes ☐ No Would you work with this firm again? ☐ Yes ☐ No Any problems? ☐ Yes ☐ No Explain:_____ Comments: Obligee Name: Address: Phone: Email:



Contact Name:_____

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Date:

Supplier Reference Letter Principal (Business) Name: Address:____ Phone:_____ Fax: Contact Name:_____ Email:_____ To Whom It May Concern: The above listed Principal has applied to American Surety Bonds Agency for a surety bond and has listed your name as a reference. Please be kind enough to complete this letter of reference regarding your supplier relationship. Please return the completed form directly to American Surety Bonds Agency via fax or email. Should you have any questions, please do not hesitate to contact us. How long have you been doing business with the above named Principal? What is the largest amount of credit extended? What, if any, is the current outstanding balance due?_____ Are there any past due amounts?____ Does the Principal have an open line of credit with you? \square Yes \square No How does the Principal pay (30, 60, 90 days)? Have you ever limited the Principal's purchases? ☐ Yes ☐ No If yes, please explain: Do you know of any claims or suits now pending against the Principal? \(\subseteq \text{Yes} \quad \subseteq \text{No} \) If yes, please explain:_____ Comments: Supplier Name: Address: Email: Phone:



Job Cost Breakdown

	INCOME & EXPENSES	
ome <u>Contract Revenue</u>	<u> </u>	%
penses		
Contractor's Labor		%
Materials/Supplies	\$	<u> </u>
	\$	<u> </u>
	<u> </u>	%
		%
		%
	<u> </u>	%
	<u> </u>	%
	<u> </u>	%
Subcontractor Labor	<u> </u>	%
	<u> </u>	%
Total from Attached Sheets	<u> </u>	%
Overhead	<u> </u>	%
Total Expe	nses \$	



Did Dond	Dogwoot
Bid Bond	Request
Principal:	
Bid Date:	Time:
Please submit the following items with your bid bond request:	11116
Job Cost BreakdownInvitation to Bid and Solicitation and/or link	
Bid Bond Forms, if applicableCurrent Work on Hand	
Project Info	ormation
Estimated Bid Amount:	Invitation Number:
Obligee:	
Obligee Address:	
Project Title/Description:	
Project Location (Complete Address):	
% of Bid Guarantee Amount:	☐ Other
Time to Complete:	Liquidated Damages:
Estimated Start Date:	Estimated Completion Date:
Percentage Subbed:	Trades Subbed:
Maintenance Period:	Ancillary Bonds Required:
Payment and Performance Bond Requirement if other than 10	0%:
Does the Obligee require a specific bid bond form to be used?	☐ Yes ☐ No If yes, please provide forms.
Does the Obligee have any special requirements pertaining to	the Surety company? (e.g., T-Listing, Best Rating)
I have carefully reviewed my bid specifications and bond requi and accurate. I understand my responsibility to provide the Sur amounts, as soon as possible after the bid opening.	•
Principal Signature:	Date:

Mode of Delivery: USPS Pick Up FedEx UPS Other



Payment & Performance Bond Request

Principal:	Date:
Name and Title of who will sign this bond: Please submit the following items with your bond request: Copy of Contract Job Cost Breakdown (see attached) Bid Results (if applicable) Current Work on Hand (within the last 30 days), Current Certif	
•	Bond Amount:
Contract Date: Expected Start Date:	Contract Number:
Obligee:	
Obligee Full Address:	
Obligee Contact Info: Name/Phone/E-mail:	
Project Title/Description:	
Project Address:	
% Subbed:What	is being Subbed?
 Have you worked with your subcontractors before? If no, please provide reference information for trades so Do you require your subcontractors to have a bond? Subcontractor reference checked? Yes No 	ubbed and subcontract amounts.
Was the project bid or negotiated? ☐ Bid ☐ Negotiated If	pid, please provide results.
Does the Contract require a specific bond form to be used?	Yes No If yes, please provide forms.
Does the Contract require more than one copy of the bond(s)?	☐ Yes ☐ No If yes, how many?
Does the Obligee have any special requirements pertaining to t	he Surety company? (e.g., T-Listing, Best Rating)
Does the Obligee require the bond or power left blank (not date	d)?
Principal Signature:	Date:
Mode of Delivery: ☐ USPS ☐ Pick Up ☐ FedEx ☐ UPS	6



Bid Results

Contractor Name:	
Bid Amount:	
Obligee:	
Project Title:	
Three Lowest Bidders	
Company Name	Bid Amount
	\$
	<u>\$</u>
	\$
If not listed above, please list your firm's bid amount:	<u>\$</u>
Comments:	