

Surety Application & Contractor Profile

Thank you for the opportunity to be of service with regard to your surety requirements. In order for us to provide the best possible level of service, we need you to help us by completing this application. Please be as thorough as possible when you answer the questions. Your thorough attention to all of the questions will better enable us to understand your business and expediently place your account. When you have completed and signed the form, please return it with the following:

- ✓ **Business Financial Statements** – Please provide copies of the last three (3) annual company fiscal year-end statements. (CPA prepared statements are strongly preferred if your firm regularly bids contracts in excess of \$100,000 and/or carries a guaranteed price contract backlog of \$1 million or higher)
- ✓ **Personal Financial Statements** (forms enclosed) – Please provide a personal financial statement on the form attached, or similar, current forms are acceptable.
- ✓ **Work On Hand Schedule** (please use the form enclosed unless the work on hand is included with your financial statement) – This schedule should include all jobs currently under contract. (bonded and not-bonded)
- ✓ **Insurance Information** – Please provide a current certificate of insurance from your insurance agent indicating that all appropriate coverages are in place.
- ✓ **Résumé and Reference Letters** – Both are a good supplement to the basic application, especially if your business is newly formed.
- ✓ **Copy of Contractor's Licenses.**

1) Company Name: _____
(Name as filed with Secretary of State, IRS)

2) Address: _____

3) Phone #: () _____ 4) Fax #: () _____

Email contact: _____

5) Federal Tax I.D. #: _____ 6) Total # of Employees: _____

7) Type of Organization: Corporation Partnership Proprietorship Sub. S Corporation (please check one)

8) Date Business Formed: / / 9) Date Incorporated: / /

10) Overnight Service: _____ Acct #: _____
(i.e. FedEx, UPS, Airborne, etc.) – to be used with your permission only

 **Company Ownership Information**

List All Owners and/or Stockholders of the Company
(Attach separate sheet if there are more than 4 owners)

11) Name: _____ Title: _____ % Ownership: _____

Home Address: _____

(Street, City, State, & Zip Code)

Social Security #: _____ - - Birth Date: ____/____/____ Home Phone: _____

Spouse's Name: _____ Spouse's Social Security #: _____ - -

12) Name: _____ Title: _____ % Ownership: _____

Home Address: _____

(Street, City, State, & Zip Code)

Social Security #: _____ - - Birth Date: ____/____/____ Home Phone: _____

Spouse's Name: _____ Spouse's Social Security #: _____ - -

13) Name: _____ Title: _____ % Ownership: _____

Home Address: _____

(Street, City, State, & Zip Code)

Social Security #: _____ - - Birth Date: ____/____/____ Home Phone: _____

Spouse's Name: _____ Spouse's Social Security #: _____ - -

14) Name: _____ Title: _____ % Ownership: _____

Home Address: _____

(Street, City, State, & Zip Code)

Social Security #: _____ - - Birth Date: ____/____/____ Home Phone: _____

Spouse's Name: _____ Spouse's Social Security #: _____ - -

15) Has there been any change in ownership in the past two years? Yes No
If yes, please explain: _____

16) Is the Company or any of its owners connected with other companies that operate as a parent, subsidiary, holding company or affiliate? Yes No
If yes, please explain: _____

17) Have provisions been made for continuation of the duties of the owner(s) and an orderly transfer of ownership in the event of death or disability? Yes No
Provide Details: _____

18) Are the owners willing to provide corporate and personal indemnification (including spouses) and/or affiliates of the company to the Surety? Yes No
If no, please explain: _____

▼

Company's Operations/General Information

19) Key Operating Personnel: (Provide resumes if available)

| Name | Position/Responsibility | Age | Time In Position | Time In Industry |
|------|-------------------------|-----|------------------|------------------|
| | | | | |
| | | | | |
| | | | | |

20) Control and supervision of contracts by owner(s) is performed on a Daily Weekly Monthly basis.

21) What class of work does company

- A. Generally do? _____
- B. Specialize in ? _____
- C. At times handle? _____

22) What is your geographic area of operation? _____

23) Are bonds required from subcontractors or suppliers? Yes No If yes, over what amount? \$ _____

24) What is the single largest contract you expect to obtain in the near future? \$ _____

25) What is the largest backlog of work you anticipate to have in the near future? \$ _____

26) What is your total revenue projected for the next 1-year period? \$ _____

27) Do you presently own the equipment necessary to complete the program outlined above? Yes No

If no, will you be buying renting leasing

Anticipated total acquisition cost (including down payment) \$ _____

28) Previous Bonding Companies:

| Agent | Carrier Name | Reason For Leaving |
|-------|--------------|--------------------|
| | | |
| | | |

29) Has the company, any affiliate or subsidiary, or any owner(s) or spouse(s) or companies in which they have had an ownership interest:

Ever defaulted on a contract? Yes No
If yes, please explain: _____

Ever defaulted on a contract forcing the surety to suffer a loss? Yes No
If so, please explain: _____

Ever experienced a bankruptcy? Yes No
If so, please explain: _____

Been in receivership? Yes No
If so, please explain: _____

Been lienied by a taxing authority? Yes No
If so, please explain: _____

Contract References

List the 5 Largest Contracts Completed in the Last 5 Years

30) Owner or G.C.: _____ Contact: _____
 Phone: _____ Project Name: _____
 Contract Amt.: _____ Gross Profit: _____ Bond Required: _____
 Brief Description of Work: _____

31) Owner or G.C.: _____ Contact: _____
 Phone: _____ Project Name: _____
 Contract Amt.: _____ Gross Profit: _____ Bond Required: _____
 Brief Description of Work: _____

32) Owner or G.C.: _____ Contact: _____
 Phone: _____ Project Name: _____
 Contract Amt.: _____ Gross Profit: _____ Bond Required: _____
 Brief Description of Work: _____

33) Owner or G.C.: _____ Contact: _____
 Phone: _____ Project Name: _____
 Contract Amt.: _____ Gross Profit: _____ Bond Required: _____
 Brief Description of Work: _____

31) Owner or G.C.: _____ Contact: _____
 Phone: _____ Project Name: _____
 Contract Amt.: _____ Gross Profit: _____ Bond Required: _____
 Brief Description of Work: _____

Banking Information

35) Name of Bank: _____
 Address: _____
 Account Manager: _____ Phone #: _____ Acct #(s): _____
 With bank since: _____ Current line of credit amount*: \$ _____ Amt. in use: \$ _____
 Secured by: Corporate Signature Personal Signature Accounts Receivable Inventory
 Other – Describe _____
 Terms: Rate _____ Repayment _____
 *Please attach a letter from your bank outlining the terms of your credit facility

▼ **Accounting Information**

- 36) Name of CPA firm: _____
 Address: _____
 Phone: _____ Contact Person: _____
- 37) On what basis are taxes paid? Cash Completed Job Accrual % of Completion
- 38) On what level of assurance are financial statements prepared? CPA Audit Review Compilation
- 39) How often are financial statements prepared? Annually Semi-Annually Quarterly Monthly
- 40) Do you have a full time accountant on staff? Yes No Years of experience: _____

▼ **Credit References**

41) Give names of principal suppliers/subcontractors:

| Name of Firm | Phone # | Material/Service Provided |
|--------------|---------|---------------------------|
| | | |
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The undersigned does hereby authorize Wharton Surety Consultants, LLC and/or its designated Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, or manner of meeting obligations to verify the accuracy of the statements made and to determine credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand false statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Section 817.234-(1) (b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, or misleading information is guilty of a felony in the third degree."

Dated this _____ day of _____ 20____ By _____ Title _____

 Name of Company

As of _____, 20_____

Financial Statement

| | | | | | |
|---|------------------|-----------------|-----------------------------------|---------------------------|--|
| Complete this form for (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan. | | | | | |
| Name: _____ | | | Business Phone: () _____ | | |
| Residence Address: _____ | | | | | |
| City, State, & Zip Code: _____ | | | Residence Phone: () _____ | | |
| Business Name of Applicant/Borrower: _____ | | | | | |
| ASSETS | | | LIABILITIES | | |
| | | | (Omit Cents) | | |
| Cash (attach copies of bank statements) | \$ | _____ | Accounts Payable | \$ | _____ |
| Savings Accounts | \$ | _____ | Notes Payable to Banks and Others | \$ | _____ |
| IRA or Other Retirement Account | \$ | _____ | (Describe in Section 2) | | |
| Accounts & Notes Receivable | \$ | _____ | Installment Account (Auto) | \$ | _____ |
| Life Insurance-Cash Surrender Value Only | \$ | _____ | Mo. Payments | \$ | _____ |
| (Complete Section 8) | | | Installment Account (Other) | \$ | _____ |
| Stocks and Bonds | \$ | _____ | Mo. Payments | \$ | _____ |
| (Describe in Section 3) | | | Loan on Life Insurance | \$ | _____ |
| Real Estate | \$ | _____ | Mortgages on Real Estate | \$ | _____ |
| (Describe in Section 4) | | | (Describe in Section 4) | | |
| Automobile - Present Value | \$ | _____ | Unpaid Taxes | \$ | _____ |
| Other Personal Property | \$ | _____ | (Describe in Section 6) | | |
| (Describe in Section 5) | | | Other Liabilities | \$ | _____ |
| Other Assets | \$ | _____ | (Describe in Section 7) | | |
| (Describe in Section 5) | | | Total Liabilities | \$ | _____ |
| | | | Net Worth | \$ | _____ |
| Total | \$ | _____ | Total | \$ | _____ |
| Section 1. Source of Income | | | Contingent Liabilities | | |
| Salary | \$ | _____ | As Endorser or Co-Maker | \$ | _____ |
| Net Investment Income | \$ | _____ | Legal Claims & Judgements | \$ | _____ |
| Real Estate Income | \$ | _____ | Provision for Federal Income Tax | \$ | _____ |
| Other Income (Describe below)* | \$ | _____ | Other Special Debt | \$ | _____ |
| Description of Other Income in Section 1. | | | | | |
| | | | | | |
| *Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income. | | | | | |
| Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) | | | | | |
| Name and Address of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc.) | How Secured or Endorsed Type of Collateral |
| | | | | | |
| | | | | | |

| Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed). | | | | | |
|---|--------------------|------------|---------------------------------|----------------------------|-------------|
| Number of Shares | Name of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
| | | | | | |
| | | | | | |
| Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) | | | | | |
| | Property A | Property B | Property C | | |
| Type of Property | | | | | |
| Address | | | | | |
| Date Purchased | | | | | |
| Original Cost | | | | | |
| Present Market Value | | | | | |
| Name of Mortgage Holder | | | | | |
| Mortgage Balance | | | | | |
| Amount of Payment per Month/Year | | | | | |
| Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency). | | | | | |
| | | | | | |
| Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.) | | | | | |
| | | | | | |
| Section 7. Other Liabilities. (Describe in detail). | | | | | |
| | | | | | |
| Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries). | | | | | |
| | | | | | |
| I authorize Wharton Surety Consultants, LLC and/or the Surety to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001). | | | | | |
| Signature: | | Date: | Social Sec. Number: | | |
| Signature: | | Date: | Social Sec. Number: | | |

