



Address **50 First Ave. Atlantic Highlands, N.J. 07716**

Phone **(732) 888-5000** Fax **(732) 888-4646**

**CONFIDENTIAL**

We welcome the opportunity to secure bonding credit for you. Every question is important; please answer each one.

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

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Name of Contact \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

**GENERAL INFORMATION**

Business Structure: Corporation Partnership Proprietorship Sub Chapter S Corporati Union Non-Union

Type of Construction Performed:

Geographical Area of Operation:

Licensed to do Business in the following States:

**How many employees?**

Field? \_\_\_\_\_

How many work crews? \_\_\_\_\_

Office? \_\_\_\_\_

What trades do you perform? \_\_\_\_\_

**Our contracts are with:**

General Contractors \_\_\_\_\_

Directly with owner \_\_\_\_\_

Subcontractors \_\_\_\_\_ %

Percentage of work normally subcontracted to others:

What trades are subcontracted?

When do you secure subcontract bonds?

Do you ever engage in Joint Venture contracts? Yes No

How often are you required to provide bonds? Frequently Occasionally Rarely

Date when last performance bond was provided: \_\_\_\_\_

**HISTORY**

Date Business Established: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Name of Predecessor Company: \_\_\_\_\_ When did current management assume control? \_\_\_\_\_

**ORGANIZATION/OWNERS AND KEY EMPLOYEES**

List all officers and owners.

	Name, Home Address (include City & State)		Position	% Stock	Year of Birth	Citizenship
1						
2						
3						
4						
5						

	Years of Experience		Social Security #	Home Phone #	Spouse' Name
	Here	Other			
1					
2					
3					
4					
5					





**LIST THE FIVE LARGEST JOBS COMPLETED IN THE LAST FIVE YEARS:**

Job Description:			
Contract was with:			
Address:		Telephone #:	
Contract Price:		Amount of Profit:	
Year Completed:		Name of Surety:	
Architect/Engineer:			
Address:		Telephone #:	

Job Description:			
Contract was with:			
Address:		Telephone #:	
Contract Price:		Amount of Profit:	
Year Completed:		Name of Surety:	
Architect/Engineer:			
Address:		Telephone #:	

Job Description:			
Contract was with:			
Address:		Telephone #:	
Contract Price:		Amount of Profit:	
Year Completed:		Name of Surety:	
Architect/Engineer:			
Address:		Telephone #:	

Job Description:			
Contract was with:			
Address:		Telephone #:	
Contract Price:		Amount of Profit:	
Year Completed:		Name of Surety:	
Architect/Engineer:			
Address:		Telephone #:	

Job Description:			
Contract was with:			
Address:		Telephone #:	
Contract Price:		Amount of Profit:	
Year Completed:		Name of Surety:	
Architect/Engineer:			
Address:		Telephone #:	



**REFERENCES**

List your five major suppliers/subcontractors:

Name/Address	Phone#	Contact

**ACCOUNTING AND FINANCIAL REPORTING**

Name & Address (include City & State) of Accounting Firm	Name of Accountant	Telephone #

This Accounting Firm is:            CPA            Public Accountant            Independent            Internal            Other  
 How many years has this firm prepared your financial statements?            Tax Returns?            Date of Your Fiscal Year-End:

Do you have a full time accountant on staff?            If, yes name of staff accountant:            Employed for (# years)  
 Yes            No

What year was your last IRS audit            Results:

Have your operations been profitable since the last statement date?            Yes            No

Since the last statement date, have there been any major changes in your financial condition such as changes in ownership, major loans or refinancing, major equipment purchases or leases, withdrawals or other?            Yes            No

If yes, please explain:

**LIFE INSURANCE/CORPORATION AS BENEFICIARY**

Name of Insured	Amount	Insurance Company

**OTHER INSURANCE DATA**

Name/Address	Insurance Company	Policy Expiration Date
General Liability Insurance		
Pollution Liability Insurance (if applicable)		
Worker's Compensation Insurance		
Professional Liability Insurance		

**BONDING INFORMATION**

Name of Prior Sureties

Name and address of Present Surety

How long have you been with your present Surety?            Reason for changing?

As an inducement for bonding, are you currently providing:

Personal Indemnities            Additional Corporate Indemnities            Collateral

Are all owners and their spouse(s) willing to personally indemnify the surety?            Yes            No

Have you been turned down by your present or prior surety? If yes, please attach an explanation.            Yes            No

Has your company or any officer or any partner ever caused a loss to a surety? If yes, please attach an explanation.            Yes            No



**ATTORNEY**

Name & Address (include City & State) of Law Firm	Name of Attorney	Telephone #

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

If yes, please have the attorney, on his/her letterhead; briefly explain the nature of the litigation and its current status.

**SUITS/JUDGMENTS/DEFAULTS AND CONTINGENT LIABILITIES**

Has your company or any officer or any partner ever filed bankruptcy or otherwise compromised with your creditors?	Yes	No
Has your company ever failed to qualify for a bond after an award?	Yes	No
Has your company ever failed to complete a contract?	Yes	No
Have any Mechanics Liens been filed on your work?	Yes	No
Has your bond credit ever been terminated by a surety?	Yes	No
Is your company, any affiliate, any subsidiary, or any other company you now own or did own in a Surety's Claim Department?	Yes	No
Are you acting as surety or bondsman for others?	Yes	No
Are you acting as endorsers for others on their notes or accounts?	Yes	No
Does your company or any officer or partner owe any money to a bonding company?	Yes	No
Are Federal, State and Local taxes for your company and all officers or partners current?	Yes	No
Has your company, or any officer or partner, ever required any financial assistance or borrowed any money from a bonding company?	Yes	No

This application consists of this instrument, the financial statement(s) and all indemnity, security and trust agreements signed by the applicant with regard to the bond(s) requested, such financial statement and agreements being incorporated herein by reference. In addition to routing verification of information pertinent to the bond(s) applied for, if the application is by an individual primarily for the benefit of a corporation and the said application is also executed for the officers of the corporation in a personal, not a corporate capacity, thereby acting a co-guarantor thereof, the bonding company or its authorized representative may have an investigative consumer report made including information bearing on the character, general reputation, personal characteristics or mode of living of said individual(s), and, upon written request of said individual(s), will disclose in writing the nature and scope of the investigation requested, if such investigative consumer report is in fact secured.

The representations contained in this instrument, the financial statements and all other forms provided are warranted by the applicant to be true. Such- representations are made as material inducements to be relied upon by the surety and its authorized representative in issuing bond(s) requested.

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, incomplete or misleading information is subject to criminal and civil penalties and is guilty of a felony of the third degree.

DATE SIGNED                      Name of Firm

Subscribed and sworn before me this    Signature (If corporation, signature of Secretary & President) SEAL

Day of                      20                      X

Notary Public                      Name and Title