



## Contract Bond Check List

### Client Information

Name: \_\_\_\_\_ Start date: \_\_\_\_\_  
Type of work: \_\_\_\_\_ Size of contract: \_\_\_\_\_

### Bond Request Form

- ☐ Liquidated damages not more than \$1000 per day.
- ☐ Maintenance period not more than 1 year.
- ☐ Work begins within 120 days of award letter.
- ☐ bid spread cannot exceed 10%.

### Copy of Contract and/or Bid Specs

- ☐ Contract period is less than one year.
- ☐ Contract is no more than 1.5 times their largest completed contract
- ☐ If contract is to a private owner, proof of financing must be provided.. Clark Gen Contractors...
- ☐ Obligor cannot be on the onerous list...ie

### Contractors Questionnaire

- ☐ Contractor has at least 3 years of experience
- ☐ Contract under consideration must be same type of work normally performed by this contractor.

### Work in Progress

- ☐ No outstanding contract bonds with other carriers.
- ☐ Total current backlog cannot exceed \$500,000, including proposed bonded project. Contractor must have 10% working capital equal to current backlog and proposed project.

### Financials (Personal and Business)

- ☐ Bank Reference Letter or copy of current bank statements Included.
- ☐ Most recent business financial statement. If new in business, last year's tax return is required
- ☐ Personal financial statements on all owners over 10%.
- ☐ Must show verified working capital in the amount of at least 10% of the amount under contract. Available credit lines and personal cash can be used in this calculation
- ☐ Consent to run credit form included

# Partner. Preserve. Prosper.™

Approved \_\_\_\_\_ Declined \_\_\_\_\_  
By \_\_\_\_\_

## General Information

Contractor: \_\_\_\_\_  
\_\_\_\_\_  
Obligee: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Bond Information

Type Bond: Bid \_\_\_\_\_ % Performance \_\_\_\_\_ Payment \_\_\_\_\_ Form \_\_\_\_\_ Copies \_\_\_\_\_  
Bid Date: \_\_\_\_\_ Contract Date: \_\_\_\_\_ Bond Date: \_\_\_\_\_  
Est. Contract Amt. \$ \_\_\_\_\_ Contract/Bond Amt. \$ \_\_\_\_\_

Maintenance Period	Probable Term	Penalty	Retainage

Work on Hand as of \_\_\_\_\_

Results and Bidders' Names	Amount
Low	
2 <sup>nd</sup>	
3 <sup>rd</sup>	
Highest	
Engr's Estimate	

Job	Amount	Incomplete

### Contact Information

Name of Firm: \_\_\_\_\_ Federal EIN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Company Information

Fiscal Year End: \_\_\_\_\_ Contracting Specialty: \_\_\_\_\_  
 Year Business Started: \_\_\_\_\_ Type of Business: ☐ Corporation ☐ Partnership ☐ Proprietor ☐ Sub. S. Corp.  
 State of Incorporation: \_\_\_\_\_ Area of Operation: \_\_\_\_\_

### List the corporation officers, partners or proprietors of your firm:

Name	Social Security No.	Yr of Birth	Position	Percent Owned	Name of Spouse	Spouse's Social Security No.

Will the above individuals and spouses personally indemnify Surety? ☐ Yes ☐ No If no, explain: \_\_\_\_\_

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

Is the agreement funded by life insurance? ☐ Yes ☐ No Cross/Corporate Indemnity? ☐ Yes ☐ No

How many people does your firm employ? \_\_\_\_\_ How many work crews? \_\_\_\_\_

Has your firm or any of its principals ever petitioned for bankruptcy, 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? Cross/Corporate Indemnity? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

What percentage of the firm's work is normally for: Government Agencies \_\_\_\_\_ % Private Owners \_\_\_\_\_ %

What percentage of the firm's work is normally subcontracted: \_\_\_\_\_ %

Are bonds required of subs? ☐ Yes ☐ No

What trades do you normally subcontract? \_\_\_\_\_

What is the largest amount of uncompleted work on hand at one time in the past? Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_

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

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

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

## Contractor Questionnaire

What trades do you normally undertake with your own forces? \_\_\_\_\_ SIC Code: \_\_\_\_\_

Do you lease equipment? ☐ Yes ☐ No Type of lease? \_\_\_\_\_

What are the terms of the lease? \_\_\_\_\_

### Accounting Information

CPA's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

On what basis are taxes paid? ☐ Cash ☐ Completed Job ☐ Accrual ☐ % of Completion

On what basis are financial statements prepared? ☐ Cash ☐ Completed Job ☐ Accrual ☐ % of Completion

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

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

Do you have a full-time accountant on staff? ☐ Yes ☐ No Years experience: \_\_\_\_\_

Are job cost records kept? ☐ Yes ☐ No How often reviewed? \_\_\_\_\_ How often updated? \_\_\_\_\_

Do they show job detail? ☐ Yes ☐ No Frequency? \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Amount of line of credit: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_ What is interest rate? \_\_\_\_\_ %

UCC Filing? ☐ Yes ☐ No How is credit secured? \_\_\_\_\_

Is your firm union? ☐ Yes ☐ No What is firm's Dun & Bradstreet Number? \_\_\_\_\_

D&B Rating: \_\_\_\_\_ Pay Record: \_\_\_\_\_ Date of Rating: \_\_\_\_\_

Remarks: \_\_\_\_\_

### List Five of Your Largest Contracts

Job Name	Contract Price	Gross Profit	Completion Date	Bonded?
_____	_____ \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Design Professional: _____			
Address: _____			Phone: _____	
_____	_____ \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Design Professional: _____			
Address: _____			Phone: _____	
_____	_____ \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Design Professional: _____			
Address: _____			Phone: _____	
_____	_____ \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Design Professional: _____			
Address: _____			Phone: _____	
_____	_____ \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Design Professional: _____			
Address: _____			Phone: _____	

## Contractor Questionnaire

### Previous Bonding Companies

Name	Reason for Leaving
_____	_____
_____	_____
_____	_____

### List Five of Your Major Suppliers

Name	Address	Telephone	Contact
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

### List Five Subcontractors (or contractors if you are a subcontractor) that you do business with:

1. Name: _____	Phone: _____
Address: _____	
Contact: _____	Job: _____
2. Name: _____	Phone: _____
Address: _____	
Contact: _____	Job: _____
3. Name: _____	Phone: _____
Address: _____	
Contact: _____	Job: _____
4. Name: _____	Phone: _____
Address: _____	
Contact: _____	Job: _____
5. Name: _____	Phone: _____
Address: _____	
Contact: _____	Job: _____

### List Three Architects that you have done business with:

1. Name: _____	Phone: _____
Address: _____	
Contact: _____	Job: _____
2. Name: _____	Phone: _____
Address: _____	
Contact: _____	Job: _____
3. Name: _____	Phone: _____
Address: _____	
Contact: _____	Job: _____

### List Key Personnel, Foreman or Supervisors

Name	Position	Yr. Of Birth	Yrs Experience	Previous Employer
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____

## Contractor Questionnaire

### List Any Life Insurance In Effect On Key Personnel

Name	Beneficiary	Amount	Cash Value
_____	_____	\$ _____	_____
Insurance Company: _____	_____	\$ _____	_____
_____	_____	\$ _____	_____
Insurance Company: _____	_____	\$ _____	_____
_____	_____	\$ _____	_____
Insurance Company: _____	_____	\$ _____	_____

	BI	Limits in '000's	PD	Carrier	Expiration Date
1 General Liability:	\$		\$		
2 Auto Liability:	\$		\$		
3 Umbrella:	\$		\$		
4 Owner's Protection:	\$		\$		

**List any Subsidiaries and Affiliates of the Contracting Firm:**

Firm Name	Ownership	Type of Business	NANDA Code
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

[illegible]

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Schedule of Uncompleted and Completed Work

(All Work-Bonded & Unbonded-If Cost Plus, Please Indicate Up-Set Price)

## Contact Information

Name of Contractor: \_\_\_\_\_

As at \_\_\_\_\_ (date)

Description of Job	Owner	Contract Price (including Approved Change Orders)	Contractor's Estimated Cost when Bid (Including Cost of Approved Change Orders)	Total Billed to Date Including Retainage (Explain any Disputed Items)	Total Costs to Date	Total Revised Estimated Costs to Complete
Totals		\$	\$	\$	\$	\$

## Contracts Completed Since Last Fiscal Closing Statement

Description of Job	Owner	Final Contract Price	Total Cost	Gross Profit/Loss
Totals		\$	\$	\$

Total Uncompleted Work \$ \_\_\_\_\_

Total Uncompleted Work by Subcontractors \$ \_\_\_\_\_

Bonded \$ \_\_\_\_\_

Unbonded \$ \_\_\_\_\_

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_

As of \_\_\_\_\_, \_\_\_\_\_

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks .....	\$ .....	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 .....	\$ .....
<b>Total</b>	\$ .....	<b>Total</b>	\$ .....

Section 1. Source of Income	Contingent Liabilities
Salary .....	As Endorser or Co-Maker .....
Net Investment Income .....	Legal Claims & Judgments .....
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 Banks 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 attachment 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 & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

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)

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

## Sample Bank Letter

### Note

This sample letter must be supplied to your banker. This outline must be followed and all current balances and average balances must be indicated in actual dollar amounts. Should your banker have any questions, please have him/her contact the nearest regional office.

### Sample Bank Letter to be placed on Bank Letterhead

RE: BANK RELATIONS/MR. JOHN DOE AND ABC CONSTRUCTION COMPANY

Mr. John Doe originally opened his account(s) with this institution on \_\_\_\_ (date) \_\_\_\_ and maintains the following accounts:

*Business checking account:* Account #000000000-1  
Current Balance = \$10,235.00; 6 mos.  
Average Balance = \$18,700.00

*Business checking account:* Account #000000000-2  
Current Balance = \$30,876.00; 6 mos.  
Average Balance = \$32,500.00

*Personal checking account:* Account #000000000-03  
Current Balance = \$9,634.00; 6 mos.  
Average Balance = \$3,200.00

*Personal savings account:* Account #000000000-01  
Current Balance = \$12,900.00; 6 mos.  
Average Balance = \$10,400.00

Certificate of Deposit in the name of John Doe or Jane Doe: No. 666666-1; Amount = 50,000; Term = 1 year; Opened – 11/30/85; Matures – 11/30/90; AUTOMATICALLY RENEWABLE.

Mr. Doe also maintains a Revolving Line of Credit in the name of ABC Construction Company for working capital. AMOUNT = \$50,000; OPENED – 6/12/86; EXPIRATION – 6/21/91; SECURITY – Trust Deed on 123 Elm Street, Anytown, USA and personal guarantee of Mr. & Mrs. Doe; TERM – 2% over banks prime rate but not less than 9%; CURRENT AMOUNT OUTSTANDING = \$32,670.

Mr. Doe has conducted all of his relationships in a very satisfactory manner and is one of our most valued customers.

Very truly yours,

By: \_\_\_\_\_

Typed Name and Title: \_\_\_\_\_



NFP Property and Casualty Services, Inc. (NFP P&C) is a subsidiary of National Financial Partners Corp. (NFP).

## Credit Consent Form

### Owner

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Title \_\_\_\_\_ % Ownership \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_

### Owner

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Title \_\_\_\_\_ % Ownership \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_

### Owner

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position/Title \_\_\_\_\_ % Ownership \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_

## Agreement

Each of the undersigned hereby affirms that the foregoing statements are answers given are the truth and are made to induce Surety to execute or procure the execution of any and all of the bonds described herein and any extension, modifications, or the renewal thereof, addition there to , or substitution therefore. Each of the undersigned further affirms that he/she understand the bonds applied for are credit relationship and authorizes Surety, its agent, or agent's agent to gather such credit information that it considers necessary and appropriate to evaluate whether such credit should be granted. In consideration of the execution of said bonds, the undersigned hereby jointly and severally agree, for themselves, their personal representative, successor and assigns as follows:

- i. This is no way to be construed as a promise to provide bonding or insurance.
- ii. A credit inquiry by NFP and/or Surety may appear on the credit report or reports of any applicants or owners indicated to be holding ten percent(10 %) or more of stock in the company or entity for which bonding is being applied for.
- iii. NFP will assume that the officer or applicant signing below represents the company or entity requesting bonding, its stockholders holding ten percent (10%) or more of stock, and will make credit inquiries accordingly.
- iv. When used in this instrument, the plural term shall include the singular and the singular shall include the plural, as the circumstances require. If any portions of this Agreement is construed to conflict with any law applicable hereto, such portion of this instrument shall be considered to be deleted and the remainder shall continue in full force and effect.

Signed this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

X \_\_\_\_\_ Title \_\_\_\_\_ X \_\_\_\_\_ Spouse

X \_\_\_\_\_ Title \_\_\_\_\_ X \_\_\_\_\_ Spouse

X \_\_\_\_\_ Title \_\_\_\_\_ X \_\_\_\_\_ Spouse



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## CONSENT TO RATE

### For Any Type or Bond

1. Name of Principal \_\_\_\_\_
2. Address \_\_\_\_\_
3. Policy or Bond:
  - ✓ Effective date \_\_\_\_\_
  - ✓ Type of Policy or Bond \_\_\_\_\_
  - ✓ Bond or Policy Amount \_\_\_\_\_
  - ✓ Obligee \_\_\_\_\_
4. Coverage may be required to be written at rates or premiums greater than standard or filed rates.
5. I (we) do hereby acknowledge that rates or premiums may be greater than standard rates.
6. I (we) understand that the price of the requested policy/bond includes premium(s), fee(s), and commission(s). A more detailed invoice showing premium(s) / fee(s) is available upon request.
7. I (we) understand that all premium(s), fee(s) and /or commission(s) will be fully earned upon issuance of the bond/policy. The date of issuance will be determined by the actual date shown on the bond, or the date on which you or your agent receives the bond/policy whichever comes first.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature of Principal or Person authorized to represent principal named above)