

CONTRACT BOND APPLICATION

In order to underwrite this application quickly, please provide the following items:

1. **Contractors Questionnaire:** we prefer our form, attached, but will accept other current forms.
2. **Business financial Statements:** last fiscal year end and if the fiscal year end is older than six months, then we would like an interim statement also. The statements include both a balance sheet and a profit & loss statement.
3. **Personal Financial Statements:** are needed for the owner of a sole proprietorship, all partners of a partnership or all stockholders of a corporation who own more than 10% of the company stock.
4. **Work in Progress Schedule/Current Work on Hand:** our form attached, if needed.
5. **Checking and Savings Bank Statements for both Business and Personal Accounts.**
6. **Blanket Credit Authorization Form:** attached.
7. **Bond Request:** if a bid bond is required, complete the attached "BID BOND REQUEST" form. If performance and/or payment bonds are required, we need a copy of the award letter, copy of the contract, and bond forms if the obligee requires their forms be used.

We thank you in advance for supplying all of the information requested above. In some cases, we may require additional information.

A General Indemnity Agreement needs to be dated, signed, and acknowledged by a notary public prior to the release of the bond(s).

If you have any questions or concerns, please don't hesitate to call us. Our **Bond Department** is here to service your needs!

REFERENCES

List the four largest contracts completed in the last five years:

A. Owner/General Contractor _____ Phone () _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonded? _____

B. Owner/General Contractor _____ Phone () _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonded? _____

C. Owner/General Contractor _____ Phone () _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonded? _____

D. Owner/General Contractor _____ Phone () _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonded? _____

List three architects or engineers who are familiar with your work:

A. Individual's Name _____ Phone () _____
Firm Name _____
Address _____

B. Individual's Name _____ Phone () _____
Firm Name _____
Address _____

C. Individual's Name _____ Phone () _____
Firm Name _____
Address _____

List five principal material suppliers:

A. Firm Name _____ Phone () _____
Address _____ Contact Person _____

B. Firm Name _____ Phone () _____
Address _____ Contact Person _____

C. Firm Name _____ Phone () _____
Address _____ Contact Person _____

D. Firm Name _____ Phone () _____
Address _____ Contact Person _____

E. Firm Name _____ Phone () _____
Address _____ Contact Person _____

BUSINESS BANKING

Name of Bank _____ Address _____
Whom to Contact at Bank _____ Phone () _____ Years with Bank _____
Account Numbers _____
Do you have a line of credit? If so, how much \$ _____ How Secured? _____ How much in use \$ _____
(Attach copies of Business/Personal Bank Statements that will verify cash balances.)

ACCOUNTING

Name of accounting firm _____ Phone () _____
Address _____ Years with this firm _____
Whom to contact _____
Fiscal year end is _____. How often are financial statements prepared? _____
Does this accounting firm also prepare the business tax returns? _____ Date of last IRS audit _____
Results _____

BONDING/INSURANCE

Who is your most recent bonding company? _____
Location _____ Underwriter _____ Phone () _____
Years with this bonding company _____ Largest single contract bonded \$ _____
Reason for changing surety? _____
Have you provided collateral to the bonding company? _____ If yes, describe _____
Bond Credit desired: Single Contract \$ _____ Total Work Program at any one time \$ _____
Who is your agent for insurance? _____
Does your company carry insurance on:

NOTE: It may be necessary to verify that specific insurance is in full force & effect prior to bond insurance.

- Liability with completed operation
- Workers compensation
- Property owned/leased
- Equipment owned/leased

YES	NO	LIMITS
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Business Life or Key man insurance:		
INSURED	BENEFICIARY	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Each of the undersigned affirms that the foregoing statements and answers are true and are made to induce Financial Pacific Insurance Company (hereinafter called Surety) to execute or procure the execution of Surety bonds, and any extension, modification, or renewal thereof, addition thereto, or substitution therefor. Each of the undersigned further affirms that he understands that suretyship is credit, and authorizes Surety, or its authorized agent to gather information it considers necessary for evaluating whether or not credit should be granted.

DATE: _____ contractor company name
BY: _____ TITLE: _____

SUBMITTED THROUGH:

broker/agency _____ address _____
contact person _____ phone _____

FINANCIAL PACIFIC INSURANCE COMPANY

P.O. Box 292220, Sacramento, CA 95829
916-630-3840 800-371-8067 FAX 916-630-3743

BLANKET CREDIT AUTHORIZATION FORM

NAME OF BUSINESS _____ TAX ID # _____

ADDRESS _____

PRINCIPAL _____ SS # _____

HOME ADDRESS _____

PRINCIPAL _____ SS # _____

HOME ADDRESS _____

Authority is hereby given to any individual, firm or corporation, or financial institution to provide Financial Pacific Insurance Company, upon request, with any credit or banking information. I/We further understand that the bond applied for is a credit relationship and hereby authorize Surety or its authorized agents to gather such credit information on the above named company or individuals it considers necessary and appropriate for purposes of evaluating whether such credit should be granted or continued.

A copy of this agreement shall be considered the same as the original. This authorization is to remain in force until rescinded by the applicant in writing.

PRINCIPAL'S SIGNATURE

DATE SIGNED

PRINCIPAL'S SIGNATURE

DATE SIGNED

PERSONAL FINANCIAL STATEMENT AS OF _____, 19____

NAME OF INDIVIDUAL:	SOCIAL SECURITY NUMBER	DATE OF BIRTH
NAME OF SPOUSE:	SOCIAL SECURITY NUMBER	DATE OF BIRTH
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)		HOME PHONE NUMBER ()

ASSETS		ACCOUNT	LIABILITIES		ACCOUNT BALANCE
BALANCE					
CASH IN BANKS <small>(complete schedule)</small>	\$		LOANS PAYABLE - BANKS <small>(complete schedule)</small>	\$	
NOTES RECEIVABLE <small>(complete schedule)</small>	\$		NOTES PAYABLE <small>(complete schedule)</small>	\$	
ACCOUNTS RECEIVABLE <small>(complete schedule)</small>	\$		ACCOUNTS PAYABLE <small>(complete schedule)</small>	\$	
STOCKS/BONDS/SECURITIES <small>(complete schedule)</small>	\$		TAXES PAYABLE	\$	
REAL ESTATE - RESIDENCE <small>(complete schedule)</small>	\$		MORTGAGES PAYABLE <small>(see schedule)</small>	\$	
REAL ESTATE - INVESTMENT/ OTHER	\$		OTHER LIABILITIES <small>(complete schedule)</small>	\$	
CASH VALUE LIFE INSURANCE <small>(complete schedule)</small>	\$				
PERSONAL PROPERTY	\$		TOTAL LIABILITIES:	\$	
OTHER ASSETS <small>(complete schedule)</small>	\$		NET WORTH:	\$	
TOTAL ASSETS:	\$		TOTAL NET WORTH & LIABILITIES	\$	
INCOME:	SALARY:		SPOUSES SALARY:		TOTAL INCOME:
	\$		\$		
	BONUS/OTHER:		BONUS/OTHER:		\$
	\$		\$		

SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate.)

CASH IN BANKS		
Bank Name, Number & Location	Account Number	Amount
		\$
		\$
		\$

NOTES & ACCOUNTS RECEIVABLE				
Name & Address of Debtor	Amount Due	Due Date	Pledged (Yes/No)	Security
	\$			
	\$			
	\$			

STOCKS / BONDS / SECURITIES				
Name & Number(s) of Instrument	No of Shares	Price/Share	Market Value	Exchange & Call
		\$	\$	
		\$	\$	
		\$	\$	

REAL ESTATE (Residence/Investment/Other)							
Location & Description	Year Acquired	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Morgatee or Lien Holder
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	

CASH VALUE OF LIFE INSURANCE				
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

OTHER ASSETS				
Description	Title Holder	Cost	Market Value	Age
		\$	\$	
		\$	\$	
		\$	\$	

LOANS PAYABLE				
Name of Lender	Address	Balance Due	Due in 1 Year	How Is it Secured
		\$	\$	
		\$	\$	
		\$	\$	

ACCOUNTS & NOTES PAYABLE (Including Charge Accounts)					
Payable To Whom	Address	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

OTHER LIABILITIES					
Description	Payable To Whom	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Are you contingently liable or an endorser on any bonds or other obligations? YES NO ****Explain all YES**

Are you involved in any litigation? YES NO **answers on separate**

Have you filed for Bankruptcy in the last 7 years? YES NO **sheet of paper****

I/We hereby certify and declare that the above statement presents accurately my financial condition to the best of my knowledge and belief and I/We hereby authorized and request any person, firm or corporation to furnish any information requested by FINANCIAL PACIFIC INSURANCE COMPANY concerning any transaction with the undersigned; and FINANCIAL PACIFIC INSURANCE COMPANY is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the sole purpose of securing suretyship, co-suretyship and/or reinsurance.

By: _____ Date: _____ By: _____ Date: _____

BID BOND REQUEST

Date: _____

Principal: _____

Obligee: _____

Address: _____

Bid Date:: _____ Time: _____

Job Description: _____

Location: City: _____ State: _____

Estimated Contract Amount: \$ _____

Subcontracted: _____ % To Be Bonded Back: _____

Percentage of Bid Bond:: _____ Bond Amount: _____

Time to Complete: _____

Start Date: _____

Completion Date: _____

Bond Form to be Used: _____

(If there is a special bond form, please attach)

Authorized By: _____ Diary for Status: _____

Length of Warranty: _____ Liquidated Damages: _____

Work on Hand: _____ Total Contract Amount: \$ _____

Estimated Remaining Cost to Complete: \$ _____

Delivery Instructions: _____

FINAL BOND REQUEST

Date: _____

Principal: _____

Obligee: _____

Address: _____

Job Description: _____

Papers Attached: _____

Location: City: _____ State: _____

Contract Amount: \$ _____ Rate: _____ Premium: _____

Agent: _____ Commission: _____

Subcontract: _____ % To Be Bonded Back: _____

Bid Spread: 1st: _____ 2nd: _____

3rd: _____ 4th: _____

How Verified: _____

Date of Contract: _____ Has Work Started: Yes _____ No _____

% Complete: _____

Performance Bond: _____ Labor & Material: _____

Time to Complete: _____ Bond Form: _____

Start Date: _____ Completion Date: _____

Authorized By: _____ Diary for Status: _____

Length of Warranty: _____ Liquidated Damages: _____

Work on Hand: _____ Total Contract Amount: \$ _____

Estimated Remaining Cost to Complete: \$ _____

Delivery Instructions: _____