

HCC SURETY GROUP

BOND REQUEST FORM

If final bond please provide a copy of the contract

Name of **PRINCIPAL** (Contractor): _____
Address: _____

Name, Address, of **OBLIGEE**: _____
(Obligee is who is requiring the bond) _____

OBLIGEE

Contact Person: _____
Phone Number: _____
Fax Number: _____

Bid Date: _____ Bid Time _____ Bid Bond % _____
Performance Bond % _____ Payment Bond % _____ Project No.: _____

Contractor's Bid Estimate: \$ _____ (Remember: All of our bid bonds are capped.)
Engineer's Estimate: \$ _____

Project Description/Title: (please type "exactly" as it appears on your proposal):

Location: _____

Start Date: _____ Completion Date: _____

Liquidated Damages: \$ _____ (Calendar/Working Days)

Percentage of Work Subcontracted: _____ Length of Warranty: _____

If final bond, please provide bid results:

1.) _____ 2.) _____ 3.) _____ 4.) _____

Work on Hand - Description:	Contract Amount:	Amount Complete:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Pending Bids:	Bid Date:	Bid Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL WORK ON HAND & PENDING BIDS: \$ _____

Are Special Bond Forms Required: _____ YES _____ NO (If yes, please include bond form)

Does your bond need to be: **Mailed**____ **Picked up**____ **Overnighted**____
(If bond needs to be overnighted, please print your Fed-Ex Account # _____)

ALL OF THE INFORMATION NEEDS TO BE COMPLETED ON THIS FORM

Phone : (310) 649-0990 Fax: (310) 645-9274
9841 Airport Blvd, Ninth Floor, Los Angeles, CA 90045

AGENT/BROKER _____ PHONE () _____
 ADDRESS _____ FAX () _____
 _____ HCCS Producer Code _____

**CONTRACTORS QUALIFICATION QUESTIONNAIRE
 ORGANIZATION AND BACKGROUND**

Name _____	() Individual
Address _____ Fed. I.D. # _____	() Partnership
Phone _____ Fax _____	() Corporation

Date business formed _____ Date Incorporated _____

If SUCCESSOR to prior business, Name of Predecessor _____

H
 Has there been any recent changes in control of your company? -- Yes -- No

If so, describe _____

Principal Officers of the Company

NAME	POSITION	% OF OWNER-SHIP	AGE	DATE OF EMPLOY	SOCIAL SECURITY NO.	NAME OF SPOUSE

Please asterisk officers who are authorized to execute documents for the Company under the Corporate Seal. Have provisions been made for continuation of their duties in the event of their death or disability? _____ Attach details.

List of Affiliated, Subsidiary or Related Companies in which this Firm or its Stockholders have an interest:

NAME AND ADDRESS	STOCK OWNERSHIP	SCOPE OF OPERATIONS	ENDORSEMENT BY PRINCIPAL OR STOCKHOLDERS

SCOPE OF OPERATION

Key Operating Personnel, General Manager, Superintendents, Engineers, etc.

Name	Position	Age	Experience

A. Type of work usually performed:

Public Bldgs.	Excavation	Plumbing	B. Geographical Areas of Operation _____
Commercial	Water System	Heating/Air Cond.	
Highways	Sewers	Other _____	
Bridges	Electrical	_____	

C. Percentage of work usually done as a 1. Prime _____% 2. Sub _____%
D. How much of an average job is Sublet? _____%

Are bonds required from Suppliers or Subcontractors? -- Yes -- No If yes, over what amount \$ _____

Has Supplier or Subcontractor ever failed to complete a contract? -- Yes -- No If so, describe _____

Has your company ever experienced a bankruptcy? -- Yes -- No

Been in receivership? -- Yes -- No If so, explain _____

Are any liens for labor and/or material filed against your company on any contracts which have been done or are being done by your company? -- Yes -- No If yes, explain _____

What size contracts do you feel the company is qualified to do:

1.) on a single job \$ _____

2.) during any one year \$ _____

3.) have as work on hand at any one time \$ _____

What is the anticipated expenditure in respect to the purchase of equipment within the next 12 months?

Total Cost \$ _____ Down payment and amount payable within 12 months \$ _____

INSURANCE

TYPE	LIMITS	ISSUING COMPANY	EXPIRATION DATE	AGENCY
Fidelity				
Liability				
Workers Compensation				
Fire				
Equipment Floater				

Attach a current Certificate of Insurance.

List the six most important contracts completed in the last five years

Owner's Name	Address & Phone Number	Contract Amount	Time Required to Complete
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			

Largest work-on-hand position of company, at any one time was \$ _____

During _____ and consisted of _____ contracts.

Give the names of five principal suppliers.

Name	Address	Phone #
		Fax#
1.)		
2.)		
3.)		
4.)		
5.)		

Surety Information

Present Surety _____ Present Rate _____

Address _____

With present surety _____ years.

Largest single contract previously bonded _____

Why change of surety? _____

Covenants provided to present surety

1. Personal indemnities: Yes No If yes, list indemnitors _____

2. Additional Corporate indemnities: Yes No If yes, list additional indemnitors _____

3. Is collateral provided: Yes No If yes, explain _____

FINANCIAL INFORMATION

Banking

Name of Bank _____
Address _____
Manager _____
With bank since _____
Previous bank _____
Address _____
Term with previous bank _____

Line of Credit

Amount _____
Amount in Use _____
Secured by:

Yes No
A. Accounts receivable
B. Collateral
C. Personal covenants
D. Additional corp. covenants

Accounting

Name of Accounting firm _____
Address _____
How long has this firm acted as your auditor? _____ years.
Date last audited Financial Statement was prepared _____, _____.
Is statement prepared on an (A) audited or (B) unaudited basis? _____
Completed Job? _____ % of Completion _____ Accrual? _____ Other _____
Have (or are) any of your accounts receivables or retentions been assigned, pledged, hypothecated, sold or discounted? Yes No
If so, describe _____

ATTACH PERSONAL FINANCIAL STATEMENTS OF INDEMNITORS CONCURRENT WITH FISCAL YEAR-END OF CONTRACTOR.

ATTACH LAST THREE (3), COMPLETE FISCAL YEAR-END FINANCIAL STATEMENTS (IF NOT FULL CPA AUDITS, ATTACH SCHEDULES OF ALL BALANCE SHEET ITEMS AS WELL AS UNCOMPLETED WORK-ON-HAND SCHEDULES)

The Undersigned hereby represents that the herein statements are true and authorizes any bank or other reference to verify the correctness of items in the above statement to the surety.

Name of Company _____

Dated this _____, _____

IF CORPORATION SIGN AND SEAL HERE

WITNESS

SIGNATURE OF APPLICANT IF NOT A CORPORATION

AMERICAN CONTRACTORS INDEMNITY COMPANY

PERSONAL FINANCIAL STATEMENT NOT TO BE USED FOR BUSINESS STATEMENTS.

To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement

Personal financial statement of _____ SS. NO. _____
(Name)

(Street Address, City, State, Zip)
HOME PHONE NO. () _____ BUS. PHONE NO. () _____

NAME OF SPOUSE _____

AS OF _____
(Date)

CURRENT ASSETS	CURRENT LIABILITIES	
Cash on hand (not in bank)	Notes payable to (names and addresses):	
Cash in following banks (names and addresses):	
.....	
.....	Sales Contracts & Chattel Mtgs. (Sch. 6)	
Stocks and bonds (Schedule 1)	Accounts payable	
Accounts receivable (Schedule 2)	Current portion of long term debt	
Notes receivable (Schedule 3)	Other current liabilities (Schedule 6)	
Other current assets (Schedule 6)	
.....	
.....	Current Year's Income Taxes Unpaid	
.....	Prior Year's Income Taxes Unpaid	
.....	Real Estate Taxes Unpaid	
.....		
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES	
FIXED ASSETS	LONG TERM LIABILITIES	
Real estate (Schedule 4):	Real estate debt (Schedule 4):	
Residence	Residence	
Other	Other	
Cash value of life insurance (Schedule 5)	Borrowed on life insurance (Schedule 5)	
.....	
Other assets and investments (Schedule 6)	Other long term debt (Schedule 6)	
.....	
.....	
.....	
.....	TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS	NET WORTH	
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES

FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____

GIVE DETAILS _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL							

5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

6. OTHER ASSETS AND LIABILITIES

Other Current Assets (itemize)	Other Current Liabilities (itemize)	Amount

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature _____
 S.S. No. _____ Date of Birth _____

Signature _____
 S.S. No. _____ Date of Birth _____

Date Signed _____, _____.



American Contractors Indemnity Company

Name and Address of Contractor								Uncompleted Contracts as of			
Contract Description and Location	Bonded Yes/No	Date Started		1 Contract Price Including Approved Change Orders	2 Contractor's Estimated Cost At Time of Bid (1)	3 Total Amount Billed To Date Including Retainage (2)	4 Total Costs To Date	5 Revised Estimated Costs To Complete	Completion Date		
		Mo.	Yr.						Mo.	Yr.	
		1.									
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
TOTALS											

Contracts Completed Since Last Fiscal Closing Statement or Last Status Report

Contract Description and Location	Date Started		Final Contract Price	Total Cost	Gross Profit or Loss
	Mo.	Yr.			

Principal Signature _____ Date _____

1. Include contractor's original estimated total cost plus cost of all change orders and extra work orders approved to date.
2. Do not include "claims" or disputed items." If desired, attach an explanation.

Bank Verification

(To be completed by bank or savings & loan)

Please complete a separate form for each account

Re: Account Holder _____

Account Number _____

The above account holder has applied to this Company for bonding credit and has given your name as a reference. Authorization has been given to us to verify their financial statement. Therefore, we would appreciate the courtesy of a prompt reply to the following questions. Your response will be treated in confidence and without responsibility on your part. You may return this inquiry by fax to the number below. Thank you for your cooperation.

1. When was the account opened? _____
2. The average balance is \$ _____ for the period of _____ months.
3. Has a line of credit been established? _____
If so, what amount? \$ _____ It is secured by _____
The renewal date is _____ Amount available \$ _____
4. What is your opinion of the applicant's character, ability and financial responsibility?

Name of Bank _____

Address _____

Phone Number (_____) _____ Fax Number (_____) _____

Information has been provided by _____

Signature

Date _____

Printed Name

Fax to Attn: Home Office Branch Office 310.645.9274