

Surety Bond Application Checklist

- 1. Contractor Questionnaire
- 2. Personal Financial Statement
- 3. Contracts in Progress Schedule
- 4. Bank Reference Form
- 5. Most recent A/R & A/P (Computer print-out)
- 6. Two most recent Corporate Financial Statements
- 7. Two most recent Corporate Tax Returns
- 8. Two most recent Personal Tax Returns
- 9. Insurance Certificate



Blaise Group NY, LLC.

256 East 3rd Street, 2nd Floor
Mt. Vernon, NY 10550
City, State, Zip
Phone: (914) 667-7700
Web: <http://www.Blaisebonds.com>

CONTRACTOR QUESTIONNAIRE

www.nasbp.org/toolkit



BUSINESS INFORMATION

Name of Firm: _____

Contact Name: _____ E-mail Address: _____

Firm Address: _____

Phone: _____ Fax: _____

Web Site: http:// _____

State of Incorporation: _____ Year Started: _____

Tax ID: _____ Is your firm union? Yes No

Contracting Specialty: _____
Geographic Area(s) of Operation: _____

Type of Business C-Corp. Sub S. Corp. Part. Prop. LLC

OFFICER INFORMATION

List the corporate officers, partners, or proprietors of your firm:

<u>Legal Name</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Legal Name of Spouse</u>	<u>Spouse SSN</u>
1. _____	____ / ____ / ____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____	_____	
2. _____	____ / ____ / ____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____	_____	
3. _____	____ / ____ / ____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____	_____	
4. _____	____ / ____ / ____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____	_____	
5. _____	____ / ____ / ____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____	_____	

Will the above individuals and spouses personally indemnify Surety? Yes No (*explain below*)

If No, explain: _____

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

Is this agreement funded by life insurance? Yes No

BUSINESS DETAILS

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? If so, please attach explanation.

Yes No

Is your firm or any of its owners or officers currently involved in any litigation? If so, please attach explanation.

Yes No

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

What trades do you normally undertake with your own forces? _____

What percentage of the firm's work is normally subcontracted to others? _____

What trades do you normally subcontract? _____

What is your sub bonding policy? _____

What was your largest uncompleted backlog? Amount: \$ _____ Year: _____

What is the largest job you expect to do during the next year? _____

What is the largest backlog expected next year? _____

What is your expected annual volume? _____

Do you lease equipment? Yes No Type of lease: _____

What are the terms of the lease? _____

FINANCIAL INFORMATION

Name of CPA Firm: _____ Fiscal Year End: _____

Contact Name: _____ E-mail: _____

Company Address: _____

Company Phone: _____ Fax: _____

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 internal financial statements prepared? Annually Semi-Annually Quarterly Monthly

Do you have a full time accountant on staff? Yes No Professional designations: _____

What accounting software do you use? _____

What estimating software do you use? _____

What job cost software do you use? _____

Name of Bank: _____ Address: _____

Contact Name: _____ Phone: _____

Line of Credit: \$ _____ Expiration: ____ / ____ / ____

EXPERIENCE & REFERENCES

Previous Bonding Companies:

<u>Name:</u>	<u>Reason for Leaving:</u>
1. _____	_____
2. _____	_____
3. _____	_____

List five of your largest contracts:

<u>Job Name:</u>	<u>Contract Price:</u>	<u>Gross Profit:</u>	<u>Completion Date:</u>	<u>Bonded?</u>
1. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____	Phone/Fax Numbers: p: _____ f: _____			
2. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____	Phone/Fax Numbers: p: _____ f: _____			
3. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____	Phone/Fax Numbers: p: _____ f: _____			
4. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____	Phone/Fax Numbers: p: _____ f: _____			
5. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____	Phone/Fax Numbers: p: _____ f: _____			

List five of your major suppliers:

<u>Name</u>	<u>Phone/Fax Numbers</u>	<u>Contact</u>
1. _____	p: _____ f: _____	_____
2. _____	p: _____ f: _____	_____
3. _____	p: _____ f: _____	_____
4. _____	p: _____ f: _____	_____
5. _____	p: _____ f: _____	_____

List five subcontractors (or contractors if you are a subcontractor) that you do business with:

<u>Name</u>	<u>Phone/Fax Numbers</u>	<u>Contact</u>
1. _____	p: _____ f: _____	_____
2. _____	p: _____ f: _____	_____
3. _____	p: _____ f: _____	_____
4. _____	p: _____ f: _____	_____
5. _____	p: _____ f: _____	_____

List three specialty trades you have done business with:

<u>Name</u>	<u>Phone/Fax Numbers</u>	<u>Contact</u>
1. _____	p: _____ f: _____	_____
2. _____	p: _____ f: _____	_____
3. _____	p: _____ f: _____	_____

KEY PERSONNEL

List additional personnel key to your operations:

Name	Position	Birth Year	Yrs. Experience
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

LIFE INSURANCE INFORMATION

List any life insurance in effect on officers or key personnel:

Name	Beneficiary	Amount	Insurance Company
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____

BUSINESS INSURANCE INFORMATION

Provide information on your business insurance:

Name of insurance broker/agency? _____

Agent's Name: _____ E-mail: _____

Fax: _____ Phone: _____

SUBSIDIARIES AND AFFILIATES

List any subsidiaries and affiliates of the contracting firm:

Firm Name	Ownership	Type of Business	Cross/Corp. Indemnity?
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: _____

Attachments:

- Copies of the last three fiscal financial statements including work in progress & completed contract schedules
- Current interim financial statement and work in progress report if fiscal statement is over six months old
- Current financial statement for all indemnitors
- Bank Line of Credit Agreement
- Business Plan
- Buy/Sell Agreement
- Specimen Copy of Subcontract Agreement
- Certificate of Insurance
- Resumes of Owners/Key Employees
- Brochure and/or Letters of Recommendation about the accomplishments of your firm
- Other: please describe below:

Applicant(s) hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Name of Firm: _____

Completed by: _____

Title: _____

Signature: _____

Date: _____ / _____ / _____

Additional Remarks:

Blaise Group NY, LLC.

256 East 3rd Street
 2nd Floor
 Mt. Vernon, NY 10550
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PERSONAL FINANCIAL STATEMENT
www.nasbp.org/toolkit



Date Prepared: _____

SECTION 1: PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____ SSN: _____
 Spouse Name: _____ Date of Birth: _____ SSN: _____
 Address: _____ Business Name: _____
 City, State, Zip: _____ Home Phone: _____ Alt. Phone: _____

***** NOTE: Complete Schedules A-H prior to completing Section 2. *****

SECTION 2: STATEMENT OF FINANCIAL CONDITION AS OF _____

Assets: (Do not include assets of doubtful value)	In Dollars (omit cents)	Liabilities:	In Dollars (omit cents)
Cash in Primary Bank: (checking & savings)	_____	Unsecured Debt: (Sch. G)	\$ _____ -
Cash & CD's in Other Banks: (Sch. A)	\$ _____ -	Current Bills Due:	_____
Stock Bonds & Marketable Securities: (Sch. B)	\$ _____ -	Real Estate Mortgages: (Sch. C)	\$ _____ -
Real Estate Owned: (Sch. C)	\$ _____ -	Secured Debt (Sch. H):	\$ _____ -
Cash Surrender: (Sch. D)	\$ _____ -	(other than real estate)	_____
Business Ventures: (Sch. E)	\$ _____ -	Taxes Payable:	_____
Notes Receivable: (Sch. F)	\$ _____ -	Other Debts & Liabilities: (specify)	_____
Personal Property: (jewelry, coins, collections, etc.)	_____	_____	_____
Automobiles, RV's, Boats:	_____	_____	_____
Other Assets: (specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS:	\$ _____ -	TOTAL LIABILITIES:	\$ _____ -
		TOTAL NET WORTH:	\$ _____ -
		TOTAL LIABILITIES & NET WORTH:	\$ _____ -

Do you have a will? Yes No
 Have you ever declared bankruptcy? Yes No
 Accountant Name: _____ Address: _____ Phone: _____
 Attorney Name: _____ Address: _____ Phone: _____

Do you have any... If "yes" to any questions, describe:

contingent liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____	_____
involvement in pending legal actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____	_____
other special circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____	_____
contested income tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____	_____

SCHEDULE A: CASH AND CD'S IN OTHER BANKS

Description:	Name of Institution:	In Name of:	Pledged or Held by Others?	Value:
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

SCHEDULE B: STOCKS, BONDS, MARKETABLE SECURITIES

BROKERAGE ACCOUNTS

Name of Brokerage:	In Name of:	Pledged or Held by:	Cost:	Market Value:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INDIVIDUAL SECURITIES NOT INCLUDED ABOVE (INCLUDE IRA AND 401K ACCOUNTS)

# of Shares or Face Value:	Individual Securities:	In Name of:	Pledged or Held by:	Cost:	Market Value:	Retirement Account:
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C: RESIDENCE AND OTHER REAL ESTATE

Address and Type of Property:	Title in Name of:	Percentage Owned:	Year Acquired:	Cost:	Market Value:	Monthly Payment:	Mortgage Balance:	Maturity Year:

SCHEDULE D: LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company:	Owner of Policy:	Name of Insured:	Beneficiary and Relationship:	Face Amount:	Policy Loans:	Cash Surrender:

SCHEDULE E: BUSINESS VENTURES AND OTHER ASSETS

Name of Business:	Type of Business:	Years in Business:	Net Worth:	Percentage Owned:	Value of your Ownership Interest:
					\$ -
					\$ -
					\$ -
					\$ -

SCHEDULE F: NOTES RECEIVABLE

Due From:	Due Date:	Description	Monthly Payment:	Total Amount:

SCHEDULE G: UNSECURED DEBT (CREDIT CARDS, ETC.)

Name of Creditor:	Description of Debt:	Describe:	Monthly Payment:	Amount Owed:
Total of All Credit Cards		Various credit card debt		

SCHEDULE H: SECURED DEBT (HELOC, VEHICLES, ETC.)

Name of Creditor:	Original Loan/Line Amount:	Date of Loan:	Maturity Date:	Unsecured or Secured (List Collateral)	Monthly Payment:	Amount Owed:

This information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the surety of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a surety thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (applicant) _____

Date signed _____

Signature (co-applicant) _____

Date signed _____

Blaise Group NY, LLC.

256 East 3rd Street
 2nd Floor
 Mt. Vernon, NY 10553
 Phone: (914) 667-7700
 Web: <http://www.Blaisebonds.com>

**CONTRACTS IN PROGRESS
 PERCENTAGE OF COMPLETION BASIS**

(SIMPLE)
www.nasbp.org/toolkit

Contractor Name:

As of:

UNCOMPLETED CONTRACTS (BONDED AND UNBONDED)						
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JOB NAME & NUMBER	TOTAL REVISED CONTRACT PRICE	ESTIMATED GROSS PROFIT	AMOUNT BILLED TO DATE	COSTS TO DATE	ESTIMATED COST TO COMPLETE	ESTIMATED DATE OF COMPLETION
Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

JOBS COMPLETED SINCE LAST REPORT		
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JOB NAME & NUMBER	FINAL CONTRACT PRICE	FINAL GROSS PROFIT

NOTES

Blaise Group NY, LLC.

256 East 3rd Street 2nd Floor Mt. Vernon, NY 10553

Phone: (914) 667-7700 - Web: <http://www.Blaisebonds.com>**BANK / CREDIT REFERENCE**www.nasbp.org/toolkit

By signing the line below, I hereby authorize to release to Blaise Group NY, LLC. the information requested and to discuss same with them, said authorization to remain in effect until rescinded.

Signature _____ Name _____ Date _____

The section below is to be completed by your bank.

ACCOUNT INFORMATION

Account Name
 Address
 Financial Institution 0
 Customer Since Information is current as of

	Checking	Savings
Current Balance	<input type="text"/>	<input type="text"/>
Average Balance (Last 12 Months)	<input type="text"/>	<input type="text"/>

LINES OF CREDIT INFORMATION

Line of Credit	Working Capital	Equipment
Total Approved Credit	<input type="text"/>	<input type="text"/>
Amount Currently Borrowed	<input type="text"/>	<input type="text"/>
Maximum Borrowed (Last 12 months)	<input type="text"/>	<input type="text"/>
Minimum Borrowed (Last 12 months)	<input type="text"/>	<input type="text"/>
Expiration Date	<input type="text"/>	<input type="text"/>
In compliance with all covenants?	<input type="text"/>	<input type="text"/>

GENERAL INFORMATION

Comments

COMPLETED BY

Name/Title
 Branch
 Phone
 E-mail

Signature _____ Name _____ Date _____