



**THE FOLLOWING LIST REPRESENTS A STANDARD SURETY
BOND CREDIT FILE**

1. **The last 3 corporate fiscal year end financial statements. These should be prepared by a CPA with cover letter included. The statements should include; notes and corresponding schedules (accounts receivable, contracts in progress and a completed job schedule). A review statement is preferred but if you do not have these as described, submit what you have and we will evaluate and discuss.**
2. **If the last fiscal year ended more than 8 months ago, an interim financial should be included.**
3. **Personal financial on all shareholders - CPA prepared or on our blank form. (Attached)**
4. **Completed and signed contractor questionnaire. (Attached)**
5. **List of 3 largest completed projects with references.**
6. **Any other company info you may have; resumes, brochures, outlines of work, reference letters.**
7. **Copy of a recently issued insurance certificate.**
8. **Current job schedule "work-on-hand". (Sample Attached), Completed with at minimum the following, contract price, total estimated cost, cost to date and billings to date**
9. **Any affiliate/(s) financial statement or tax return**
10. **Recent bank letter outlining line of credit availability and expiration date.**

***Any company overview or corporate resume which you have prepared is also welcome as we introduce your organization to the appropriate surety.**



1. Name of Firm: _____

2. Address: _____ Fiscal Yr. End: _____

 (city) (state) (zip)

4. Phone: () _____ 5. Contracting Specialty: _____

6. Contact Person: _____ 7. Title: _____

8. Year Business Started: _____ 9. Type of Business: Corp. Part. Prop. Sub.S. Corp.

10. State of Incorporation: _____ 11. Area of Operation: _____

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

	<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

13. Will the above individuals and spouses personally indemnify Surety? Yes No
 If no, explain: _____

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

15. Is this agreement funded by life insurance? Yes No

16. Corp. Indemnity? Yes No
 17. Cross/Corp Indemnity? Yes No

18. How many people does your firm employ? _____ 19. How many work crews? _____

20. 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: _____

21. Is your firm or any of its owners or officers currently involved in any litigation?
 Yes No. If yes, explain _____

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

23. What percentage of the firm's work is normally subcontracted: _____%

24. Are bonds required of subs? Yes No.

25. What trades do you normally subcontract? _____

26. What is largest amount of uncompleted work on hand at one time in the past?

Amount: \$ _____ Year: _____

27. What is the largest job you expect to do during the next year? \$ _____

28. What is the largest uncompleted work program expected during the next year? \$ _____

29. What is your expected annual volume next year? \$ _____

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

31. SIC CODE: _____

32. Do you lease equipment? Yes No Type of lease? _____

34. What are the terms of the lease? _____

35. Name of your CPA: _____

Address: _____

Phone: _____ Contact Person: _____

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

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

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

39. How often are financial statements prepared? Annually Semi-annually
 Quarterly Monthly

40. Do you have a full time accountant on staff? Yes No 41. Yrs. experience _____

42. Are job cost records kept? Yes No

43. How often reviewed? _____ 44. How often updated? _____

45. Do they show job detail? Yes No 46. Frequency? _____

47. Name of your Bank: _____

Address: _____

Phone: _____ Contact Person: _____

48. Amount of line of credit: \$ _____ 49. Expiration date: _____ 50. What is interest rate? ____%

51. UCC Filing? Yes No 52. How is credit secured? _____

53. Is your firm union? Yes No 54. What is firm's Dun & Bradstreet Number? _____

55. D & B Rating: _____ 56. Pay Record: _____ 57. Date of Rating: _____

Remarks: _____

58. Previous Bonding Companies:

Name

Reason for Leaving

A. _____

B. _____

C. _____

59. List five of your largest contracts:

Job Name

Contract Price

Gross Profit

Completion Date

Bonded?

A. _____ \$ _____ Yes No

Owner: _____ Design Professional: _____

- B. _____ \$ _____ Yes No
 Owner: _____ Design Professional: _____
- C. _____ \$ _____ Yes No
 Owner: _____ Design Professional: _____
- D. _____ \$ _____ Yes No
 Owner: _____ Design Professional: _____
- E. _____ \$ _____ Yes No
 Owner: _____ Design Professional: _____

60. List five of your major suppliers:

Name	Address	Telephone	Contact
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

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

- A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- D. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- E. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

62. List three Architects you have done business with:

- A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

63. List key personnel, foremen or supervisors:

Name	Position	Yr. of Birth	Yrs. Exper.	Previous Employer
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____

64. List any life insurance in effect on key personnel:

Name	Beneficiary	Amount	Cash Value
A. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
B. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
C. _____	_____	\$ _____	\$ _____
Insurance Company: _____			

65. List other insurance coverage currently in effect:

	Limits in '000's		Carrier	Expiration Date
	BI	PD		
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Owner's Protection:	\$ _____	\$ _____	_____	_____

66. List any subsidiaries and affiliates of the contracting firm:

Firm Name	Ownership	Type Business	NANDA Code
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

REMARKS: _____

Completed by: _____
 Title: _____
 Date: _____

Bank Reference Memorandum

ACCOUNT NAME: _____

BANK: _____

DATE: _____

Checking

Savings/Money Market

Date Opened: _____

Date Opened: _____

Average Balance: _____

Average Balance: _____

Present Balance: _____

Present Balance: _____

Line of Credit

Do you provide a line of credit for working capital purposes to this account? _____

If yes, what is the highest credit limit allowed? _____

Present amount drawn on the line? _____

How is this line of credit secured? _____

Overall comments on the account (principal and his/her business): _____

Above information provided by :

NAME: _____

SIGNATURE: _____

PHONE# _____

CONTRACT STATUS OVERVIEW:

OWNER / CONTRACT NAME	TOTAL CONTRACT PRICE	ESTIMATED FINAL COST	PROJECTED PROFIT	COST TO DATE	BILLED TO DATE	% COMP.	COST TO COMPL.	PROJ. COMPL. DATE
TOTALS								

OMNI RISK MANAGEMENT, INC.

PERSONAL FINANCIAL STATEMENT AS OF _____, 20____			
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 (Include Area Code)
ASSETS		LIABILITIES	
Cash in Banks (Complete Schedule)	\$	Loans Payable - Banks (Complete Schedule)	\$
Notes Receivable (Complete Schedule)	\$	Notes Payable (Complete Schedule)	\$
Accounts Receivable Complete Schedule)	\$	Accounts Payable (Complete Schedule)	\$
Stocks/Bonds/Securities (Complete Schedule)	\$	Taxes Payable	\$
Real Estate Residence - (Complete Schedule)	\$	Mortgage Payable Complete Schedule)	\$
Real Estate - Investment/Other	\$	Other Liabilities Complete Schedule)	\$
Cash Value Life Ins. (Complete Schedule)	\$		\$
Personal Property	\$	TOTAL LIABILITIES:	\$
Other Assets (Complete Schedule)	\$	NET WORTH:	\$
TOTAL ASSETS	\$	TOTAL NET WORTH & LIABILITIES:	\$
INCOME:	Salary: \$	Spouse's 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 Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgagee or Lien Holder
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	

CASH VALUE OF LIFE INSURANCE

Name of Insurance Co.	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	MO Pymt	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

OTHER LIABILITIES

Description	Payable to Whom	Amount	Mo Pymt	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Are you continentally 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 authorize and request any person, firm or corporation to furnish any information requested by the surety
 concerning any transaction with the undersigned, and the surety 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: _____



(631) 434-1000 FAX (631) 434-7605

ATTN.:
BID REQUEST: _____ PERFORMANCE & PAYMENT REQUEST _____

***** fill in all blanks to avoid processing delays*****

CONTRACTOR:

OWNER/OBLIGEE: _____
ADDRESS: _____

CONTRACT DESCRIPTION & LOCATION: _____

Estimated Bid / Contract Value: \$ _____

BID SECURITY %: _____ **BID DATE** _____

DURATION OF CONTRACT: _____

LIQUIDATED DAMAGES:\$ _____ **MAINTENANCE PERIOD:** _____

DOES OWNER REQUIRE THEIR BOND FORM(if yes/fax over) : _____

NOTES: _____

