



CONTRACT SURETY SUBMISSION CHECKLIST

Submit all required information

Contractor's Questionnaire and Reference Summary

Please answer all of the questions, then date and sign the form. If you have completed a similar form in the last 60 days it may be used for your submission.

Financial Statements

Fiscal year-end CPA reviewed business statements for the past three years. If the fiscal year-end statement is more than six months old, please provide an interim statement. Also need current personal financial statements on all owners of the company (use attached form, if necessary).

Aging of Accounts Receivable and Accounts Payable

If not included in financial statements, use attached form. If over 60 days old, or if disputed please provide explanation.

Schedule of All Uncompleted Work-In-Progress

Please provide a schedule of uncompleted contracts currently in progress using the attached (or similar) form.

Prior Experience

Resumes for each owner (use attached form, if necessary).

Bank Letter

Current bank letter using out format – form attached.

Certificate of Insurance

Provide a certificate of insurance with Frontier Bonding Service, Inc. named as a Certificate Holder. Please show all coverages.

Bond Request

Complete one of the attached forms (Bid Bond Order Form or Final Bond Order Form).

This information is required to properly evaluate your account for surety credit. We may ask for additional information or clarification during the underwriting process. Upon approval of your account a signed and dated General Indemnity Agreement will be required.



Contractor's Questionnaire

General Information

Company Name: _____ Date Bus. Started: _____
 Business Address: _____
 Business Phone: _____ Fax: _____ Fed. ID No.: _____
 Form of Business (check one) Proprietorship Partnership Corporation LLC Sub-Chapter S Corp.

Type of construction performed: _____

Percentage of work subcontracted: _____ Major Trades: _____

Anticipated bond needs for next 12 months: Single Bond Amount: _____ Aggregate _____

What was your largest work program (uncompleted work-on-hand)?

Total Amount: _____ When (mo/yr): _____ No of Jobs: _____

Has your company ever failed to complete a contract?	Yes	No
Are there any disputes on your current work?	Yes	No
Has your firm or any of its owners or officers ever petitioned for bankruptcy?	Yes	No
Is your firm or any of its owners or officers:		
Involved in any litigation?	Yes	No
Acting as surety or indemnitor for others?	Yes	No
Acting as an endorser for others on their notes or loan accounts?	Yes	No

If answer is yes to any questions, please attach a full explanation.

Company Ownership/Organization

List all owners and/or stockholders of the company. Attach additional sheets if necessary.

Name: _____ Position/Title: _____ % Ownership: _____
 Home Address: _____ Own Rent
 Social Security No.: _____ Home Phone No.: _____
 Spouse's Name: _____ Spouse's Social Security No.: _____
 Spouse's Employer: _____ Number of Years: _____

Name: _____ Position/Title: _____ % Ownership: _____
 Home Address: _____ Own Rent
 Social Security No.: _____ Home Phone No.: _____
 Spouse's Name: _____ Spouse's Social Security No.: _____
 Spouse's Employer: _____ Number of Years: _____

List other key personnel (estimators, bookkeepers, foremen, supervisors, etc.)

Name	Position	Yrs. with Firm	Yrs. Experience
_____	_____	_____	_____
_____	_____	_____	_____

In addition to contracting, what other business activities are you or do you intend to engage in? _____



Accounting and Financial

Name of Accounting Firm: _____ Phone No.: _____
 Name of Accountant: _____ Date of Fiscal Year End _____
 How often are statements prepared? _____ Type: _____
 Are all business and personal taxes current? Yes No
 Have operations been profitable since last statement date? Yes No
 Are all receivables current and undisputed? Yes No

If answer is no to any questions, please attach a full explanation.

Continuity / Job Completion

Life Insurance Insured	Insurance Company	Amount	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____

What arrangements have been made to assure contracts are completed in the event the owner(s) are not available?

Bonding

Have you ever been bonded? Yes No Type: License Performance and Payment
 When: _____ Bonding Co.: _____ Amount: _____
 Have you ever had an application for surety credit declined? Yes No If yes, why? _____

I hereby certify that all information presented is complete and accurate to the best of my knowledge. I authorize Frontier Bonding Service to gather any credit information it considers necessary and to investigate this and all other statements and reports submitted with this questionnaire.

By: _____ Date: _____
Signature of Contractor

Name of Your Insurance Agent/Broker: _____ Phone: _____



Reference Summary For _____ Dated: _____

Project References

What was the largest project completed by your company? _____
Date completed _____ Contract Price: _____
Who were you under contract with on this project? _____
(Name, phone number and contact person):
Contract Description: _____

List the largest projects you have completed in the last 3 years.

1) Owner or GC: _____ Person to Contact: _____
Project Name & Description: _____
Phone: _____ Contract Amount _____ Year completed _____

2) Owner or GC: _____ Person to Contact: _____
Project Name & Description: _____
Phone: _____ Contract Amount _____ Year completed _____

3) Owner or GC: _____ Person to Contact: _____
Project Name & Description: _____
Phone: _____ Contract Amount _____ Year completed _____

List your 3 largest material suppliers.

1) Supplier Name: _____ Phone No.: _____
2) Supplier Name: _____ Phone No.: _____
3) Supplier Name: _____ Phone No.: _____

List 2 architects or engineers that are familiar with your work.

1) Name: _____ Contact: _____ Phone No.: _____
2) Name: _____ Contact: _____ Phone No.: _____

Bank Information

1) Bank: _____ Type: _____ Account No: _____
Name on Account: _____ Contact: _____ Phone: _____
2) Bank: _____ Type: _____ Account No: _____
Name on Account: _____ Contact: _____ Phone: _____
Do you have a line of credit? Yes No With what bank? _____
Amount of line of credit _____ Amount in use _____
How secured? _____ Expiration date _____



PERSONAL FINANCIAL STATEMENT

130 Nickerson Street, Suite 311
Seattle, WA 98109
(800) 441-0712 * (206) 281-8411
FAX (800) 656-2663

This statement and any applicable schedules may be completed jointly by married and unmarried applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required.

Applicant is: Married Single Separated

If married, the financial statement is: Completed jointly with spouse Not completed jointly

Name and Address	Statement of assets & liabilities as of _____, _____
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ASSETS	(Sch)	\$	LIABILITIES	(Sch)	\$
Cash	A	\$	Due to banks	A	\$
Stocks, bonds (Non IRA)	B	\$	Credit cards	C	\$
Accounts receivable	C	\$	Taxes		\$
Notes receivable	D	\$	Accounts payable	C	\$
Inventory	E	\$	Notes payable	D	\$
Equipment	F	\$	Due on equipment	F	\$
Residence	G	\$	Due on real estate	G	\$
Other real estate	G	\$	Other liabilities	H	\$
Personal property		\$	Total Liabilities		\$
IRA's	B	\$	Capital stock (if any)		\$
Other Assets	H	\$	Retained earnings		\$
		\$	Total equity		\$
TOTAL ASSETS		\$	NET WORTH		\$

SOURCES OF INCOME FOR YEAR ENDED _____	OTHER LIABILITIES
Salary, bonuses & commissions \$	Do you have any contingent liabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dividends \$	If so, describe (<i>Lawsuits, Indemnification, etc.</i>)
Real estate income \$	
Other income (<i>Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for bonding.</i>) \$	As endorser, co-maker or guarantor? \$
	On leases or contracts? \$
	Legal claims (<i>Judgments, etc.</i>) \$
	Other special debt \$
TOTAL \$	Amount of contested income tax liens \$

PERSONAL INFORMATION

Are any assets owned by a trust? Which?	Are you a defendant in any suits or legal actions?
Do you have a will? _____ If so, name of executor:	Have you ever been declared bankrupt? If so, describe:
Are you a partner or officer in any other venture? If so, describe:	Are any assets pledged other than as described on schedules? If so, describe:
Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe:	Personal bank accounts carried at:
	Bank _____ Branch _____
	Bank _____ Branch _____

REVERSE SIDE MUST BE COMPLETED

IF NOT SUFFICIENT SPACE, ATTACH SEPARATE SCHEDULES

A Bank Data	Name and Location of Bank		Account Number	Amount on Deposit	In Whose Name		Date Due
B Stocks, Bonds, Etc.	Name of Security	No. Shares	Par Value	IRA? Yes or No	Market Value	Pledged? Yes or No	
C Acct. Rec. & Payable	From Whom Due (Account Receivable)		Amount	Date Due	To Whom Due (Account Payable)		Amount Date Due
D Notes Rec. & Payable	From Whom Due (Note Receivable)		Amount	Date Due	To Whom Due (Note Payable)		Amount Date Due
E Inventory	Description				Cost	Market Value	
F Equipment	Description		Cost	Depreciation Charge Off	Book Value	Encumbrance	Amount Payable Monthly
G Real Estate	Location and Description		In Whose Name is Title	Cost	Market Value	Amount of Mortgage	Name of Mortgagee
H Other Assets and Liabilities	Description of Other Assets		Amount	Description of Other Liabilities		Amount	
	Cash Value Life Insurance						

The undersigned furnishes the foregoing as a true and accurate statement of the undersigned's financial condition as of the date given. Frontier Bonding Service, Inc. may furnish copies of the foregoing statement and any information which it has now or may hereinafter obtain, for the purposes of securing bonds.

Date Signed _____, _____.

Signature: _____ Title: _____ Spouse's Signature: _____

S.S. Number: _____ S.S. Number: _____

Date of Birth: _____ Date of Birth: _____



Schedule of Accounts Receivable

Name:		Date - as of:		Prepared by:			Page #	of	Pages
Line #	Name of Account	Total	Month of Current	Month of 30 days past due	Month of 60 days past due	Month of 90 days past due	120 days and over		Retention (see note)
							Date	Amount	
	Amounts Forward								
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
Total (Amounts carried forward)									

Retention amounts should be shown seperately and not aged.



Schedule of Accounts Payable

Name:		Date - as of:		Prepared by:			Page #	of	Pages
Line #	Name of Account	Total	Month of Current	Month of 30 days past due	Month of 60 days past due	Month of 90 days past due	120 days and over		Retention (see note)
							Date	Amount	
	Amounts Forward								
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
Total (Amounts carried forward)									

Retention amounts should be shown seperately and not aged.



RESUME

Name: _____ **Date:** _____

PERSONAL DATA:

Date of Birth: _____ **Social Security #:** _____ **Home Phone:** _____

Home Address: _____

Marital Status: _____ **Spouse's Name:** _____

EDUCATION:

High School: _____ **No. of Years** _____ **Did you graduate? Yes** **No**

College: _____ **No. of Years** _____ **Did you graduate? Yes** **No**

Degree: _____ **Courses Studied** _____

Special education relating to current business activity or employment _____

BUSINESS & PROFESSIONAL EXPERIENCE:

(If construction related, please list the largest project you managed)

No. of Years With Current Employer: _____ **No. of Years in This Industry** _____

Employment History for Last 10 Years (Start with Current Employer):

1.) **From:** _____ **To:** _____ **Company:** _____ **Position** _____

Responsibilities: _____

2.) **From:** _____ **To:** _____ **Company:** _____ **Position** _____

Responsibilities: _____

3.) **From:** _____ **To:** _____ **Company:** _____ **Position** _____

Responsibilities: _____

4.) **From:** _____ **To:** _____ **Company:** _____ **Position** _____

Responsibilities: _____

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. If your banker has any questions please have him/her contact your agency or Frontier Bonding Service, Inc.

SAMPLE BANK LETTER

Bank Letterhead

Date...

Frontier Bonding Service, Inc.
130 Nickerson Street, Suite 311
Seattle, WA 98109

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

Mr. John Doe originally opened his accounts with this institution on date and maintains the following accounts:

Business checking account: Acct. #000000000-1; Current Balance = \$10,245.00;
6 mo. Avg. Balance = \$18,700.00

Business checking account: Acct. #000000000-2; Current Balance = \$30,876.00;
6 mo. Avg. Balance = \$32,500.00

Personal checking account: Acct. #00000000-03; Current Balance = \$9,624.00;
6 mo. Avg. Balance = \$3,200.00

Personal savings account: Acct. #10000000-01; Current Balance = \$12,900.00;
6 mo. Avg. Balance = \$10,400.00

Certificate of Deposit in the name of John Doe or Jane Doe: No. 666666-1; Amount = \$50,000.00; Term = 1 year; Opened - 11/30/95; Matures - 11/30/00; 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 - 6/12/99; EXPIRATION - 6/12/00; SECURITY - Trust Deed on 123 Elm St., Anytown, USA and personal guarantee of Mr. & Mrs. Doe; TERMS - 2% over banks prime rate but not less than 9%; CURRENT AMOUNT OUTSTANDING = \$22,670.

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: (Bank Officer)
Typed name and title



BID BOND ORDER FORM

TODAY'S DATE: _____ BID OPENING DATE: _____

CONTRACTOR: _____

PROJECT OBLIGEE / OWNER: _____

ADDRESS: _____

EXACT TITLE OF PROJECT: (Include Project Number, Order Number, IFB, etc.)

LOCATION & DESCRIPTION OF WORK: _____

CURRENT WORK ON HAND: _____ Amount: _____ As of: _____
(Cost to Complete)

ESTIMATED CONTRACT PRICE:	_____
COMPLETION TIME:	_____
MAINTENANCE / WARRANTY PERIOD:	_____

BID BOND PERCENTAGE:	_____
LIQUIDATED DAMAGES:	_____
RETAINED PERCENTAGE:	_____
DATE BID BOND NEEDED:	_____

BOND FORM (please check):
STANDARD:
OWNERS:
(If owners, please attach a copy)

PERCENT TO BE SUBCONTRACTED: _____%
MAJOR SUBCONTRACT ITEMS & ESTIMATES:



FINAL BOND ORDER FORM

TODAY'S DATE: _____

CONTRACTOR: _____

PROJECT OBLIGEE / OWNER: _____

ADDRESS: _____

EXACT TITLE OF PROJECT: (Include Project Number, Order Number, IFB, etc.)

LOCATION & DESCRIPTION OF WORK: _____

CURRENT WORK ON HAND: Amount: _____ As of: _____

(Cost to Complete)

CONTRACT PRICE: _____

COMPLETION TIME: _____

MAINTENANCE /
WARRANTY PERIOD: _____

LIQUIDATED DAMAGES: _____

RETAINED PERCENTAGE: _____

DATE BOND(S)
MUST BE FILED: _____

PLEASE INCLUDE COPIES OF:

- 1.) CONTRACT & AWARD LETTER
- 2.) BID RESULTS
- 3.) BOND FORMS THAT SHOULD BE USED

PERCENT TO BE SUBCONTRACTED: _____%

MAJOR SUBCONTRACT ITEMS & ESTIMATES:

