



Surety Application & Contractor Profile

Thank you for the opportunity to be of service with regard to your surety requirements. In order for us to provide the best possible level of service, we need you to help us by completing this application. Please be as thorough as possible when you answer the questions. Your thorough attention to all of the questions will better enable us to understand your business and expediently place your account. When you have completed and signed the form, please return it with the following:

- ✓ **Business Financial Statements** – Please provide copies of the last three (3) annual company fiscal year-end statements. (CPA prepared statements are strongly preferred if your firm regularly bids contracts in excess of \$100,000 and/or carries a guaranteed price contract backlog of \$1 million or higher)
- ✓ **Personal Financial Statements** (forms enclosed) – Please provide a personal financial statement on the form attached, or similar, current forms are acceptable.
- ✓ **Work On Hand Schedule** (please use the form enclosed unless the work on hand is included with your financial statement) – This schedule should include all jobs currently under contract. (bonded and not-bonded)
- ✓ **Insurance Information** – Please provide a current certificate of insurance from your insurance agent indicating that all appropriate coverages are in place.
- ✓ **Résumé and Reference Letters** – Both are a good supplement to the basic application, especially if your business is newly formed.
- ✓ **Copy of Contractor’s Licenses**

1) Company Name: _____
(Name as filed with Secretary of State, IRS)

2) Address: _____

3) Phone #: _____ 4) Fax #: _____

Email contact: _____

5) Federal Tax I.D. #: _____ 6) Total # of Employees: _____

7) Type of Organization: Corporation Partnership Proprietorship Sub. S Corporation

8) Date Business Formed: _____ 9) Date Incorporated: _____

10) Overnight Service: _____ Acct #: _____
(i.e. FedEx, UPS, Airborne, etc.) – to be used with your permission only

Company Ownership Information

List All Owners and/or Stockholders of the Company
(Attach separate sheet if there are more than 4 owners)

11) Name: _____ Title: _____ % Ownership: _____
Home Address: (Street, City, State, Zip) _____
Social Security #: _____ Birth Date: _____ Home Phone: _____
Spouse's Name: _____ Spouse's Social Security #: _____

12) Name: _____ Title: _____ % Ownership: _____
Home Address: (Street, City, State, Zip) _____
Social Security #: _____ Birth Date: _____ Home Phone: _____
Spouse's Name: _____ Spouse's Social Security #: _____

13) Name: _____ Title: _____ % Ownership: _____
Home Address: (Street, City, State, Zip) _____
Social Security #: _____ Birth Date: _____ Home Phone: _____
Spouse's Name: _____ Spouse's Social Security #: _____

14) Name: _____ Title: _____ % Ownership: _____
Home Address: (Street, City, State, Zip) _____
Social Security #: _____ Birth Date: _____ Home Phone: _____
Spouse's Name: _____ Spouse's Social Security #: _____

15) Has there been any change in ownership in the past two years? Yes No
If yes, please explain: _____

16) Is the Company or any of its owners connected with other companies that operate as a parent, subsidiary, holding company or affiliate? Yes No
If yes, please explain: _____

17) Have provisions been made for continuation of the duties of the owner(s) and an orderly transfer of ownership in the event of death or disability? Yes No
Provide Details: _____

18) Are the owners willing to provide corporate and personal indemnification (including spouses) and/or affiliates of the company to the Surety? Yes No
If no, please explain: _____

Company's Operations / General Information

19) Key Operating Personnel: (Provide resumes if available)

Name	Position/Responsibility	Age	Time In Position	Time In Industry

20) Control and supervision of contracts by owner(s) is performed on a Daily Weekly Monthly basis

21) What class of work does company

- A. Generally do? _____
- B. Specialize in ? _____
- C. At times handle? _____

22) What is your geographic area of operation? _____

23) Are bonds required from subcontractors or suppliers? Yes No

If yes, over what amount? \$ _____

24) What is the single largest contract you expect to obtain in the near future? \$ _____

25) What is the largest backlog of work you anticipate to have in the near future? \$ _____

26) What is your total revenue projected for the next 1-year period? \$ _____

27) Do you presently own the equipment necessary to complete the program outlined above?

Yes No If no, will you be buying renting leasing

Anticipated total acquisition cost (including down payment) \$ _____

28) Previous Bonding Companies:

Agent	Carrier Name	Reason For Leaving

29) Has the company, any affiliate or subsidiary, or any owner(s) or spouse(s) or companies in which they have had an ownership interest:

Ever defaulted on a contract? Yes No If yes, please explain: _____

Ever defaulted on a contract forcing the surety to suffer a loss? Yes No

If yes, please explain: _____

Ever experienced a bankruptcy? Yes No If yes, please explain: _____

Been in receivership? Yes No If yes, please explain: _____

Been liened by a taxing authority? Yes No If yes, please explain: _____

Contract References

List the 5 Largest Contracts Completed in the Last 5 Years

30) Owner or G.C.: _____ Contact: _____
Phone: _____ Project Name: _____
Contract Amt.: _____ Gross Profit: _____ Bond Required: _____
Brief Description of Work: _____

31) Owner or G.C.: _____ Contact: _____
Phone: _____ Project Name: _____
Contract Amt.: _____ Gross Profit: _____ Bond Required: _____
Brief Description of Work: _____

32) Owner or G.C.: _____ Contact: _____
Phone: _____ Project Name: _____
Contract Amt.: _____ Gross Profit: _____ Bond Required: _____
Brief Description of Work: _____

33) Owner or G.C.: _____ Contact: _____
Phone: _____ Project Name: _____
Contract Amt.: _____ Gross Profit: _____ Bond Required: _____
Brief Description of Work: _____

34) Owner or G.C.: _____ Contact: _____
Phone: _____ Project Name: _____
Contract Amt.: _____ Gross Profit: _____ Bond Required: _____
Brief Description of Work: _____

Banking Information

35) Name of Bank: _____
Address: _____
Account Manager: _____ Phone _____
Acct #(s): _____ With bank since: _____
Current line of credit amount*: \$ _____ Amt. in use: \$ _____
Secured by: Corporate Signature Personal Signature Accounts Receivable Inventory
 Other (Describe) _____
Terms: Rate _____ Repayment _____

*Please attach a letter from your bank outlining the terms of your credit facility

Accounting Information

36) Name of CPA firm: _____

Address: _____

Phone: _____ Contact Person: _____

37) On what basis are taxes paid? 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 Years of experience: _____

Credit References

41) Give names of principal suppliers/subcontractors:

Name of Firm	Phone #	Material/Service Provided

The undersigned does hereby authorize Brandywine Insurance Advisors and/or its designated Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, or manner of meeting obligations to verify the accuracy of the statements made and to determine credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand false statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Section 817.234-(1) (b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, or misleading information is guilty of a felony in the third degree."

Dated this _____ day of 20____, _____
By Title

Name of Company _____



Financial Statement

Complete this form for (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name: _____ Business Phone: (____) _____

Residence Address: _____

City, State, & Zip Code: _____ Residence Phone: (____) _____

Business Name of Applicant/Borrower: _____

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash (attach copies of bank statements)	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)	_____	Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)	\$ _____	Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)	_____	(Describe in Section 4)	
Automobile - Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)	_____	Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)	\$ _____	Total Liabilities	\$ _____
	_____	Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1. Source of Income

Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)*	\$ _____

Contingent Liabilities

As Endorser or Co-Maker	\$ _____
Legal Claims & Judgements	\$ _____
Provision for Federal Income Tax	\$ _____
Other Special Debt	\$ _____

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value	Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name of Mortgage Holder			
Mortgage Balance			
Amount of Payment per Month/Year			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).

I authorize Brandywine Insurance Advisors and/or the Surety to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Sec. Number: _____

Signature: _____ Date: _____ Social Sec. Number: _____