



CONTRACT BONDS

Thank you for your request. Please provide the following items to enable us to respond to your surety request in a timely manner.

1. **Completed Surety Questionnaire**
2. **Business Financial Statements**
Last 3 fiscal year end financial statements of business entity, plus current interim financial statements.
If this statement is more than six months old, we require a current interim statement. Note: All financial statements are to include both a balance sheet and a profit and loss statement.
3. **Personal Financial Statement(s) of Owners (Format Attached)**
Required on all Stockholders of a Corporation who own more than 10% of the stock or all Partners of a Partnership, or the Sole Proprietor.
4. **Bank Verification and 2 Months Personal and Business Bank Statements.**
5. **Copy of Bank Line of Credit Agreement and Latest Statement**
6. **Work on Hand (Format Attached)**
7. **Copy of Construction Contract, Bond Forms, Bid Results (If Bid, Bid Specifications)**
8. **Contract Bond Request Form (Form Attached)**



RGI BONDING
PERSISTENCE • ENERGY • INTEGRITY • LOYALTY

CONTRACT BOND REQUEST FORM

To: _____ **Today's Date:** _____

From: _____

Contractor: _____

Obligee (Bond Payable To): _____

Address: _____

Legal Project Name (including any identifying numbers): _____

Job Location: _____

Scope of Work: _____

Estimated Start Date: _____ **Work On Hand As Of:** _____ \$

Completion Time: _____ **Penalties/Damages:** _____ \$

Special Bond Forms? ☐ Yes (attach forms) ☐ No **Retainage:** _____ %

Warranty Period: _____ **Covered By Manufacturer?** ☐ Yes ☐ No

Job Breakdown: **Labor:** _____ % or \$ **Materials:** _____ % or \$

Subcontracts: _____ % or \$ **Profit:** _____ % or \$

List Major Subcontractors

Amount

Sub Bonded?

_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Architect/Engineer _____ **Phone:** _____

Special Hazards: _____

BID BOND INFORMATION

Bid Date and Time: _____ **Estimated Bid:** _____ \$

Bid Bond Amount: _____ % or \$ **Bid Opening Location:** _____

BID RESULTS

Low Bidder: _____ **Bid Amount:** _____ \$

2nd Bidder: _____ **Bid Amount:** _____ \$

3rd Bidder: _____ **Bid Amount:** _____ \$

Do you expect to be awarded the contract? ☐ Yes ☐ No

Comments: _____

PERFORMANCE & PAYMENT BOND INFORMATION

Contract Date: _____ **Contract Amount:** _____ \$

Performance Bond Amt: _____ % **Payment Bond Amt:** _____ % **Number of Executed Sets:** _____

Please include a certificate of insurance with the bond: ☐ Yes (attach requirements) ☐ No

NOTE: Please attach a copy of the bid specs or contract. Failure may result in the delay of delivery of the bond.

I. BUSINESS INFORMATION

Business name: _____

Contact name: _____ E-mail address: _____

Firm address: _____

Phone: _____ Fax: _____

Web site: _____

State of incorporation: _____ Year started: _____

Tax ID: _____ Is your firm union? ☐ Yes ☐ No ☐ Both

Contracting specialty: _____

LEED project experience: ☐ Yes Number of projects: _____ ☐ No Number of LEED Certified employees: _____

Geographic area(s) of operation: (Territory) _____

Type of business: ☐ C-Corp. ☐ Sub S. Corp. ☐ Part. ☐ Sole Prop. ☐ LLC ☐ LLP

Employees (# of): Office: _____ Field (min.): _____ to (max.): _____ Current total: _____

Affiliations: ☐ AGC ☐ ASA ☐ ABC ☐ CFMA Other: _____

Certifications: ☐ 8a ☐ HubZone ☐ SDVOSB Other: _____

II. OFFICER INFORMATION

List all Owners, Proprietors, Partners and Officers of the firm:

	a. Full legal name:	b. Percentage owned:	c. Date of birth:	d. Social Security Number:
	e. Position:	f. Since:	g. Home address:	
	h. Spouse legal name:		i. Spouse date of birth:	j. Spouse Social Security Number:
1	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
2	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
3	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
4	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
5	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____

Will all owners and their spouses provide full personal indemnification to the surety? ☐ Yes ☐ No (explain below)

Explain: _____

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

Is this agreement funded by life insurance? ☐ Yes ☐ No

III. BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, failed to complete a contract, or caused a loss to a surety? **If yes, please attach explanation.** ☐ Yes ☐ No

Is your firm or any of its owners or officers currently involved in any litigation? **If yes, please attach explanation.** ☐ Yes ☐ No

Percentage of the firm's work for: Government Owners: _____% Private Owners: _____% Other Contractors: _____%

Trades you normally undertake with your own employees: ☐ None (*Paper GC*) ☐ _____

Percentage of the firm's work normally subcontracted to others: _____%

Trades you normally subcontract: _____

Sub bonding policy: _____

Preferred job size range: \$ _____ to \$ _____ Number of jobs at a time: _____

Largest cost to complete backlog: \$ _____ Year: _____ Number of jobs: _____

Largest job expected during the next year: _____

Largest backlog expected during the next year: _____

Expected annual volume this current fiscal year: _____ Next fiscal year: _____

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

Terms of the lease: _____

IV. FINANCIAL INFORMATION

Name of CPA Firm: _____ **Fiscal Year End:** _____

Contact name: _____ **E-mail:** _____

Company address: _____

Company phone: _____ **Fax:** _____ **Web Site:** _____

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

How are bills paid? ☐ Discounts taken as offered ☐ Prompt within payment terms ☐ Late, within _____ days of due

Any material troubled A/R? ☐ No ☐ Yes Explain: _____

Changes to the balance sheet since last fiscal year end: (contributions, distributions, loans, material asset buys or sells, financing, etc.) _____

Do you have a full time accountant on staff? ☐ Yes ☐ No Name: _____

Staff accountant professional designations: ☐ CPA ☐ CCIFP ☐ Other: _____

Accounting software: _____

Estimating software: _____

Job cost software: _____

V. BANK INFORMATION

Name of Bank: _____ **Address:** _____

Contact name: _____ **Phone:** _____ **E-mail:** _____

With this bank since: _____ Relationship currently includes: ☐ Deposit accounts ☐ Revolving line of credit ☐ Term loans

Line of credit (LOC) year opened: _____ Amount: \$ _____ Line expires: _____

LOC – ☐ Unsecured ☐ Secured By: _____

LOC – special terms or sublimits: _____

Other banks used and purpose: _____

VI. EXPERIENCE & REFERENCES

Previous bonding companies:

	<u>Name:</u>	<u>Dates:</u>	<u>Reason for leaving:</u>
1			
2			
3			

Have you ever been turned down by a surety? ☐ Yes ☐ No If yes, why? _____

Largest completed contracts: (largest first)

	a. <u>Job name:</u>	b. <u>City, State:</u>	c. <u>Contract price:</u>	d. <u>Gross profit:</u>	e. <u>Date completed:</u>	f. <u>Bonded?</u>
	g. <u>Contact name:</u>	h. <u>Firm:</u>	i. <u>Phone:</u>	j. <u>Fax:</u>	k. <u>E-mail:</u>	
	l. <u>Project description:</u>					
1	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
2	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
3	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
4	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
5	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					

Major suppliers: (largest volume first)

	<u>Name:</u>	<u>Products:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
1						
2						
3						
4						
5						

Major trade subcontractors (or contractors if you are a trade contractor): (largest volume first)

	<u>Name:</u>	<u>Trade:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
1						
2						
3						
4						
5						

Specialty trade subcontractors:

	<u>Name:</u>	<u>Trade:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
1						
2						

VIII. KEY PERSONNEL

Additional key personnel:

	Name:	Designation(s):	Position:	Birth year:	This company:	Years experience Total:
1						
2						
3						
4						
5						

IX. LIFE INSURANCE INFORMATION

Life insurance in effect on officers or key personnel:

	Insured:	Beneficiary:	Death benefit:	Insurance company:
1				
2				
3				
4				

X. BUSINESS INSURANCE INFORMATION

Staff Risk Manager:		Designations:	<input type="checkbox"/> AFSB	<input type="checkbox"/> CPCU	<input type="checkbox"/> CRIS	<input type="checkbox"/> Other:	
Insurance broker/agency:		City/ State:					
Agent's name:		E-mail:					
Phone:		Fax:					
Key expiration dates:							

XI. SUBSIDIARIES AND AFFILIATES

Subsidiaries and affiliates of the applicant firm:

	Firm name:	Ownership/relationship:	Type of business:	FEIN:	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:

XII. ATTACHMENTS

- ☐ Copies of the last three fiscal year end 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 personal financial statement for all indemnitors
- ☐ Bank Line of Credit Agreement
- ☐ Business Plan
- ☐ Federal Tax Returns
 - ☐ Company – years: _____
 - ☐ Personal – years: _____
- ☐ Buy/Sell Agreement
- ☐ Specimen copy of Subcontract Agreement
- ☐ Certificate(s) of Insurance (*all lines carried*)
- ☐ Resumes of owners/key employees
- ☐ Brochure and/or Letters of Recommendation about the accomplishments of your firm
- ☐ Other: please describe below under “Additional Remarks”:

Applicant(s) hereby authorize the RGI Bonding to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, 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:

How did you hear about us?

BANK / CREDIT REFERENCE FORM

By signing the line below, I hereby authorize _____ to release to
the information requested and to discuss same with them, said
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: _____
Customer Since: _____ Information is current as of: _____

	Checking	Savings
Current Balance:	\$ _____	\$ _____
Average Balance: <i>(last 12 months)</i>	\$ _____	\$ _____

LINES OF CREDIT INFORMATION

Line of Credit	Working Capital	Equipment
Total Approved Credit:	\$ _____	\$ _____
Amount Currently Borrowed:	\$ _____	\$ _____
Maximum Borrowed: <i>(last 12 months)</i>	\$ _____	\$ _____
Minimum Borrowed: <i>(last 12 months)</i>	\$ _____	\$ _____
Expiration Date:	_____	_____
In compliance with all covenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

Comments: _____

COMPLETED BY

Name: _____ Title: _____
Branch: _____ Phone: _____
E-mail: _____

Signature _____ Name _____ Date _____



RGI BONDING

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CONSENT TO PULL CREDIT

The undersigned hereby expressly authorize RGI Bonding and/or its affiliates, subsidiaries, etc to access their credit records and to make such pertinent inquiries and may be necessary for the verification and underwriting of surety.

Understood and Agreed to:

Name of individual: _____

Social Security Number: _____

Address: _____

City State and Zip: _____

By: _____ Signature

Name of individual: _____

Social Security Number: _____

Address: _____

City State and Zip: _____

By: _____ Signature