



Agent/Producer: _____ License # _____

1. Name of firm: _____
2. Address: _____
city: _____ State: _____ Zip: _____
3. Phone: (____) _____ Fax: (____) _____ Contact Person: _____
4. Year Business Started: _____ 5. Fiscal Year End: _____
6. Business Type:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> "C" Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> "S" Corporation	<input type="checkbox"/> Other, Describe
7. State of Incorporation: _____ 8. Area of Operation: _____
9. % of work done as prime contractor? _____% % of work done as subcontractor? _____%
10. % of work done for governmental agencies? _____% % of work done for private owners? _____%
11. What % of work is bonded compared to annual earned revenue? _____%
12. Description of types of work performed: _____

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

Name	Social Security #	Date of Birth	Position	% Owned	Name of Spouse

14. Will all of the above individuals and their spouses personally indemnify the Surety Company? Yes No
If no, please provide a written explanation and attach to this application.
15. Is there an existing, formal buy-sell agreement among the owners of the firm? Yes No
If yes, is it funded by life insurance? Yes No Please attach a summary of the agreement.
16. Does the firm have a formal business plan? Yes No If yes, please attach to the application.

If any person knowingly (and with intent to injure, defraud or deceive, any insurance company or other person) files an application for insurance containing materially false information; or, if any person conceals (so as to mislead) information concerning any fact material to an insurance application: then this person has committed a fraudulent insurance act, which is a crime.

I authorize Cumberland Surety to perform ongoing checks of credit, banking and business references along with site inspections of our projects. I authorize these references to provide such information on the company and its principals. It is understood that the information provided here is true, correct and complete to the best of my knowledge.

Completed By: _____ Title: _____ Date: _____

17. Has the firm or any of its owners ever been involved in a business or project failure which resulted in bankruptcy or a loss to a Surety Company? Yes No If yes, please provide a written explanation and attach to this application.
18. Is the firm or any of its owners involved in any present or pending litigation including divorce proceedings or other legal or criminal proceedings? Yes No If yes, please provide a written explanation and attach to this application.
19. Has the firm or any of its owners been bonded before? Yes No

<i>Company / Person Bonded</i>	<i>Type of Bond / Bonds</i>	<i>Surety Company</i>	<i>Amount</i>

Any collateral required? Yes No If Yes, Amount \$ _____ Has it been released? Yes No

20. List key personal, foreman and/or supervisors. For each corporate officer, attach a resume to the application.

<i>Name</i>	<i>Position</i>	<i>Years of Construction Experience</i>	<i>Previous Employer</i>

21. List all affiliates of the firm and/or any real estate, development or other investment business of the owners: Please attach latest fiscal year end financial statement.

<i>Business - Legal Name and Trade Style</i>	<i>Ownership Name and Percentage</i>	<i>Type of Business or Investment</i>

22. List the firm's largest completed contracts:

<i>Job Description</i>	<i>Final Contract Price</i>	<i>Final Gross Profit</i>	<i>Date of Completion</i>
<i>Owners Name:</i>	<i>Address:</i>		
<i>Architect / Engineer:</i>	<i>Address:</i>		

<i>Job Description</i>	<i>Final Contract Price</i>	<i>Final Gross Profit</i>	<i>Date of Completion</i>
<i>Owners Name:</i>	<i>Address:</i>		
<i>Architect / Engineer:</i>	<i>Address:</i>		

<i>Job Description</i>	<i>Final Contract Price</i>	<i>Final Gross Profit</i>	<i>Date of Completion</i>
<i>Owners Name:</i>	<i>Address:</i>		
<i>Architect/Engineer:</i>	<i>Address:</i>		

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23. Range of average work on hand: From: \$ _____ To: \$ _____
24. Largest total work program in the past: \$ _____ What month and year? _____
25. Taking all factors into consideration, what are the anticipated bonded and unbonded needs of the firm?
- | | |
|-------------------------------------|--|
| <u>Single Project Maximum Size:</u> | <u>Total Uncompleted Work on Hand to be completed:</u> |
| | (Estimated cost of projects minus billings to date) |
| \$ _____ | \$ _____ |
26. What portion of uncompleted work would be bonded back by subcontractors? \$ _____ or _____ %
27. Do you have a policy regarding bonding of subcontractors? Yes No
- If yes, over what amount are subs bonded? \$ _____
28. Do you "joint check" suppliers to subcontractors or use other methods to protect your interest? Yes No
- If other methods, please describe. _____
29. What trades do you normally undertake with your own forces? _____
- _____
30. What is the normal total # of employees? _____ Maximum # of employees? _____
31. How many work crews do you use? Minimum # _____ Maximum # _____
32. Do you lease equipment? Yes No If yes, what type of lease? _____
33. Is your firm union? Yes No
34. The company's financial information is prepared by: CPA PA Other: _____
- Name of Accounting Firm: _____
- Address: _____
- Contact Person: _____ Phone Number: () _____
35. What type of financial statements are prepared at fiscal year end?
- CPA Audit CPA Review CPA Compilation Other; desc. _____
36. At what frequency are interim financial statements prepared?
- Monthly Quarterly Semi-Annually
- By whom? Independent CPA Corporate Financial Officer Other; desc. _____
37. On what accounting basis are taxes paid?
- % of Completion Accrual Completed Contract Cash
38. On what basis of accounting are financial statements prepared?
- % of Completion Accrual Completed Contract Cash
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39. Do you have a full time accountant on staff? Yes No
If yes, Name and Title: _____ Years of experience _____

40. Are cost records kept on each project? Yes No How often updated? _____
Describe method used to track job costs: _____
How often are these cost records reviewed by management? _____

41. Are complete "Estimated Cost to Complete" calculations done in conjunction with cost record reviews of each ongoing project? Yes No If no, why not? _____

42. Name of Bank: _____
Address: _____
Contact Person: _____ Phone: _____
Line of Credit Extended by Bank: _____ Expiration Date: _____ Interest Rate: _____
UCC Filing? Yes No Basis of Security: _____

43. List any life insurance on key personnel:

Name of Insured	Name of Beneficiary	Amount of Insurance	Insurance Company

- 44. Attach to this application a certificate of insurance for all commercial lines property and casualty coverages.
- 45. Attach to this application a detailed list of contractor's equipment with description, value and date of purchase.
- 46. Attach to this application a list of your major suppliers, no less than three, with Vendor Name, Contact Name, Address and Phone Number.
- 47. Attach to this application a list of your major subcontractors with Name, Contact Name, Address and Phone Number.
- 48. Attach to this application any information that you feel would assist in the evaluation and understanding of the firm.

Notes Explanations: _____

