



## Contractor's Bond Submission Checklist

Please complete the forms for items 1, 3, and 5. If you can not download any of the checked documents, please contact us.

- ✓ 1. \*Contractors Questionnaire
- ✓ 2. \***CPA Prepared Financial Statement** (Last 3 years Fiscal Year End) Have the CPA complete the financials on a “% of **Completion Basis**” with notes/schedules.
- ✓ 3. \* Personal Financial Statement (of all owners and their spouses)
- ✓ 4. Resumes of All Key Owners
- ✓ 5. \*Work in Progress Reports ([see SBA 994F form](#))
- ✓ 6. Line of Credit (Bank Reference Letter)
- ✓ 7. Bank Verification Form (for each business account)
- ✓ 8. Current Certificate of Insurance
- 9. References
- ✓ 10. **If seeking a SBA bond guarantee up to \$5,000,000 per contract, the following SBA forms are also required.** Form 994F can be completed in lieu of the surety's “work in progress” report form. Please make sure the dates on the SBA forms are current.

SBA form 912

SBA form 994

SBA form 994F



## Contractor Bond Questionnaire

For Agency use only:	
Agency/Broker: Creative Insurance Concepts, Inc.	Phone #: (804) 674-8330
Address: 7206 Hull Street Road, Suite 200	Fax #: (804) 674-8332
Richmond, VA 23235	Agency Code:

### I: Company Background:

Company Name:	Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/>		
Contact Person:	Title:		
Email Address:	Website address:		
Mailing Address:			
City:	State:	Zip:	
Telephone #: ( )	Fax :( )	Cell :( )	
EIN:	Date business formed:	Year Incorporated:	State Incorporated:
Contractor's license #:			
Has there been any recent change in control of your company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please describe			
If Successor to a prior business, Name of Predecessor?			

### II: Principal Information: List officers, partners, proprietor, and spouses

Name	Position	No. of years	% of ownership	Date of Birth	Social Security #:	Spouse	Spouse's Social Security #:

### III: List of subsidiary or related companies the firm or its Stockholders have an interest

Company Name	% of ownership	Scope of operations	Endorsement by Principal

**IV: Key Employees:**

List key employees, superintendents, engineers, estimators and project managers, etc.

Total number of employees:

Name	Position with the company	No. years with the company	Date of Birth	Years of experience

**V: Type of Work Performed:**

<input type="checkbox"/> Commercial Construction	<input type="checkbox"/> Excavation	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Public Buildings Construction	<input type="checkbox"/> Sewers	<input type="checkbox"/> Heating & Air condition
<input type="checkbox"/> Highways	<input type="checkbox"/> Water System	<input type="checkbox"/> Security
<input type="checkbox"/> Bridges	<input type="checkbox"/> Electrical	<input type="checkbox"/> Other, specify

**VI: Geographical Area of Operation:**

<input type="checkbox"/> VA <input type="checkbox"/> DC <input type="checkbox"/> MD <input type="checkbox"/> AZ <input type="checkbox"/> KS <input type="checkbox"/> NY <input type="checkbox"/> WV <input type="checkbox"/> CA <input type="checkbox"/> Other
Percentage of work performed as a prime contractor   % , as a sub-contractor   %?
Type of work sublet?
Is bonding required for your subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what amount?
Has the firm ever failed to complete a contract as required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain?
Has a subcontractor failed to complete a job as required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain?
Have there been or are there any current liens filed against the company for a labor and or material contract? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, what is the amount claimed \$      and date filed?
Has the company ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No    Been in receivership? <input type="checkbox"/> Yes <input type="checkbox"/> No

**VII: Insurance:**

Type:	Insurance Company:	Policy Limits:	Expiration Date:
General Liability			
Workers Compensation			
Fidelity			
Automobile Liability			

**VIII: Work Capacity:**

What size contracts does the firm have the capacity to perform?
A. On one single job?
B. Can handle at any given time?
C. During one single calendar year?
D. Largest contract completed?
Any plans to purchase any major equipment in the next 12 months? If so, anticipated cost?

**IX: List the 5 largest contracts the company has ever performed:**

Owner's Name & Contact Person:	Address & Telephone #:	Contract Amount:	Contract Duration:
1.			
2.			
3.			
4.			
5.			
Largest amount of work on hand at one given time was \$     for a period of     year(s)			
Work on hand consisted of #     contract(s)			
CPA prepared financial statements available? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Last period completed			
Accounting method: <input type="checkbox"/> Audited <input type="checkbox"/> Completed job <input type="checkbox"/> % of completion <input type="checkbox"/> Accrual			

**X: List 5 Major Suppliers:**

Supplier Name & Contact Person:	Address & Telephone #:	Contract Amount:	Contract Duration:
1.			
2.			
3.			
4.			
5.			

**XI: Surety Information:**

Current surety company?	How long?	Bond Rate?	%
Largest single bonded job \$	Aggregate bond limit?		
Secured by personal and business indemnitors? Yes <input type="checkbox"/> No <input type="checkbox"/> Collateral required Yes <input type="checkbox"/> No <input type="checkbox"/>			
Why are you seeking to change sureties?			
Prior surety company?	Date of last bond?		
Largest single previously bonded job \$	Aggregate bond limit?		
Has your firm ever been denied a bond request? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, name of Surety Company			

**XII: Banking Information:**

Bank Name:	Bank Name:
Address:	Address:
Branch Manager:	Branch Manager:
Contact #: (     )	Contact #: (     )
Account #:	Account #:
Date account opened:	Date account opened:
Type of commercial account(s):	Type of commercial account(s):
Line of credit amount \$	Line of credit amount \$
Balanced owed \$	Balanced owed \$
Secured by:	Secured by:
Are any assets in trust? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are any assets in trust? Yes <input type="checkbox"/> No <input type="checkbox"/>

I, the undersigned contends that the information contained within is true and accurate to the best of my knowledge. I authorize Creative Insurance Concepts, Inc. to seek bonding from Sureties authorize by the insurance department to issue surety bonds. I understand that the Surety may investigate personal and business credit of all owners and their spouses. The Surety is authorized to investigate the Undersign's credit, employment history, bank verification and division of motor vehicle records as required. Furthermore, the undersigned understands, that if a bond is approved, it may require personal indemnification of all owners and their spouses.

Company Name:	Date:
Applicant's name:	Title:
Applicant's signature:	Witnessed by :



**Bond Request Form**

Bid  Payment  Performance  Other:

**Contractor:**

Name:	
Address:	
City/State/Zip:	
Submitter's Name:	Title:
Phone #: ( )	Fax #: ( )
Total No. of employees:	No. of job(s) created by this project:

**Bond Required By:**

<input type="checkbox"/> Owner/Obligee <input type="checkbox"/> General Contractor <input type="checkbox"/> Other:	
Address:	
City/State/Zip:	
Contact Person/Title:	
Phone Number:	Fax Number:

**Project Information:**

Job Description:	
Job Address/Location:	
Project or Reference #:	
Is this project fully or partial funded by the Department of Transportation (DOT)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this an American Reinvestment and Recovery Act funded project? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Bid Information:**

Bid Date:	Bid Time:	Bid Bond %:
Contractor Estimate: \$		<b>(Remember bid bond amounts are capped)</b>
Engineer's Estimate: \$		
Bid Bond Form Required: <input type="checkbox"/> Commonwealth of VA Form <input type="checkbox"/> Federal Form 24 <input type="checkbox"/> None Specified		
<input type="checkbox"/> Other [fax or e-mail form with bond request]		
Estimated Start Date:		Completion Dates:
Retainage %:	Warranty Period: months	Subcontractor %:
Asbestos or Hazardous Waste Involved: <input type="checkbox"/> Yes, details: <input type="checkbox"/> No		
Liquidated Damages: <input type="checkbox"/> Yes – \$ Per Day: <input type="checkbox"/> No		
Ship Via: <input type="checkbox"/> US Mail <input type="checkbox"/> UPS <input type="checkbox"/> FedEx; Service: <input type="checkbox"/> Next AM <input type="checkbox"/> Next PM <input type="checkbox"/> 2nd Day <input type="checkbox"/> Ground		
Special Instructions/Account # to use:		

Pending Bids:	Bid Date:	Bid Amount:

**Final Bond Supplemental Information (attach signed copy of Award Letter or Contract)**

Final Bond Form: <input type="checkbox"/> Yes [attach form] <input type="checkbox"/> No	
Performance Bond %:	Payment Bond %:
Contract Amount \$:	Contract Date [MUST be EXACT]:
Bid Was Secured By: <input type="checkbox"/> Bid Bond <input type="checkbox"/> Cash/Check <input type="checkbox"/> Not Required	
Bid Tabulations/Results: [attach written explanation if > 10% low]	
1. \$	Bidder
2. \$	Bidder
3. \$	Bidder

*Personal Financial Statement*

Date \_\_\_\_\_

Financials Statement of (name): \_\_\_\_\_

Social Security # \_\_\_\_\_

(Street Address, City, State, Zip)

Cash on hand and in banks		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others	
IRA or Retirement Acct.		Installment Account (Auto)	
Accounts & Notes Receivable		Installment Account (Other)	
Life Insurance – Cash Surrender Value Only		Loan on Life Insurance	
Stocks and Bonds		Unpaid Taxes	
Real Estate (complete section below)		Mortgages On Real Estate	
Automobile – Present Value		Other Liabilities	
Other Personal Property		<b>Total Liabilities</b>	
Other Assets		<i>Net Worth (Assets less Liabilities)</i>	
<b>Total</b>			<b>Total</b>

<b>ANNUAL INCOME</b>		<b>ANNUAL EXPENDITURES</b>	
<b>Salary or Wages</b>		<b>Property Taxes and Assessments</b>	
<b>Dividends and Interest</b>		<b>Federal and State Income Taxes</b>	
<b>Rentals (Gross)</b>		<b>Real Estate loan Payments</b>	
<b>Other Income (Describe)</b> _____ _____ _____		<b>Payments on Contract &amp; other notes (Describe)</b> _____ _____ _____	
		<b>Insurance Premiums</b>	
		<b>Estimated Living Expenses</b>	
		<b>Other</b> _____ _____	
<b>Total Income</b>		<b>Total Expenditures</b>	

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Real Estate Owned** (Used attachment if necessary to list all properties owned.)

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

**1. STOCKS AND BONDS**

Name of Security	No. Shares	If Any Pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value
TOTAL:				\$

**2. ACCOUNTS RECEIVABLE**

Name and Address (City and Street) From Whom Due	For What is Due	When Sold	When Due	Amount
TOTAL:				\$

**3. NOTES RECEIVABLE**

Name and Address (Street and City) for Whom Due	For What Due	How Secure	Date	Maturity	Amount
TOTAL:					\$

**4. EQUIPMENT**

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
TOTAL:			\$	\$	\$

**5. LIFE INSURANCE – CASH VALUE**

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement. I authorize the 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 my 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 false, or misleading information is guilty of a felony of the third degree."

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_