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**THE FOLLOWING LIST REPRESENTS A STANDARD SURETY  
BOND CREDIT FILE**

1. **The last 3 corporate fiscal year end financial statements. These should be prepared by a CPA with cover letter included. The statements should include; notes and corresponding schedules (accounts receivable, contracts in progress and a completed job schedule). A review statement is preferred but if you do not have these as described, submit what you have and we will evaluate and discuss.**
2. **If the last fiscal year ended more than 8 months ago, an interim financial should be included.**
3. **Personal financial on all shareholders - CPA prepared or on our blank form. (Attached)**
4. **Completed and signed contractor questionnaire. (Attached)**
5. **List of 3 largest completed projects with references.**
6. **Any other company info you may have; resumes, brochures, outlines of work, reference letters.**
7. **Copy of a recently issued insurance certificate.**
8. **Current job schedule "work-on-hand". (Sample Attached), Completed with at minimum the following, contract price, total estimated cost, cost to date and billings to date**
9. **Any affiliate/(s) financial statement or tax return**
10. **Recent bank letter outlining line of credit availability and expiration date.**

\*Any company overview or corporate resume which you have prepared is also welcome as we introduce your organization to the appropriate surety.



1. Name of Firm: \_\_\_\_\_

2. Address: \_\_\_\_\_ Fiscal  
 3. Yr. End \_\_\_\_\_  
 \_\_\_\_\_  
 (city) (state) (zip)

4. Phone: ( ) \_\_\_\_\_ 5. Contracting Specialty: \_\_\_\_\_

6. Contact Person: \_\_\_\_\_ 7. Title: \_\_\_\_\_

8. Year Business Started: \_\_\_\_\_ 9. Type of Business:  Corp.  Part.  Prop.  Sub. S. Corp.

10. State of Incorporation: \_\_\_\_\_ 11. Area of Operation: \_\_\_\_\_

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

	<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

13. Will the above individuals and spouses personally indemnify Surety?  Yes  No  
 If no, explain: \_\_\_\_\_

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

15. Is this agreement funded by life insurance?  Yes  No

16. Corp. Indemnity?  Yes  No  
 17. Cross/Corp Indemnity?  Yes  No

18. How many people does your firm employ? \_\_\_\_\_ 19. How many work crews? \_\_\_\_\_

20. Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety?  Yes  No.

If yes, please explain: \_\_\_\_\_

21. Is your firm or any of its owners or officers currently involved in any litigation?

Yes  No. If yes, explain \_\_\_\_\_

22. What percentage of the firm's work is normally for:

Government Agencies \_\_\_\_\_% Private Owners \_\_\_\_\_%

23. What percentage of the firm's work is normally subcontracted: \_\_\_\_\_%

24. Are bonds required of subs?  Yes  No.

25. What trades do you normally subcontract? \_\_\_\_\_

26. What is largest amount of uncompleted work on hand at one time in the past?

Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_

27. What is the largest job you expect to do during the next year? \$ \_\_\_\_\_

28. What is the largest uncompleted work program expected during the next year? \$ \_\_\_\_\_

29. What is your expected annual volume next year? \$ \_\_\_\_\_

30. What trades do you normally undertake with your own forces? \_\_\_\_\_

31. SIC CODE: \_\_\_\_\_

32. Do you lease equipment?  Yes  No Type of lease? \_\_\_\_\_

34. What are the terms of the lease? \_\_\_\_\_

35. Name of your CPA: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

36. On what basis are taxes paid?  Cash  Completed Job  Accrual  % of Completion

37. On what basis are financial statements prepared?  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 41. Yrs. experience \_\_\_\_\_

42. Are job cost records kept?  Yes  No

43. How often reviewed? \_\_\_\_\_ 44. How often updated? \_\_\_\_\_

45. Do they show job detail?  Yes  No 46. Frequency? \_\_\_\_\_

47. Name of your Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

48. Amount of line of credit: \$ \_\_\_\_\_ 49. Expiration date: \_\_\_\_\_ 50. What is interest rate? \_\_\_\_%

51. UCC Filing?  Yes  No 52. How is credit secured? \_\_\_\_\_

53. Is your firm union?  Yes  No 54. What is firm's Dun & Bradstreet Number? \_\_\_\_\_

55. D & B Rating: \_\_\_\_\_ 56. Pay Record: \_\_\_\_\_ 57. Date of Rating: \_\_\_\_\_

Remarks: \_\_\_\_\_

58. Previous Bonding Companies:

Name

Reason for Leaving

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

59. List five of your largest contracts:

Job Name

Contract Price

Gross Profit

Completion Date

Bonded?

A. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No

Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

- B. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_
- C. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_
- D. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_
- E. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

60. List five of your major suppliers:

Name	Address	Telephone	Contact
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

61. List five subcontractors (or contractors if you are a subcontractor) that you do business with:

- A. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_
- B. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_
- C. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_
- D. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_
- E. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

62. List three Architects you have done business with:

- A. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_
- B. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_
- C. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

63. List key personnel, foremen or supervisors:

Name	Position	Yr. of Birth	Yrs. Exper.	Previous Employer
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____

64. List any life insurance in effect on key personnel:

Name	Beneficiary	Amount	Cash Value
A. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
B. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
C. _____	_____	\$ _____	\$ _____
Insurance Company: _____			

65. List other insurance coverage currently in effect:

	Limits in '000's		Carrier	Expiration Date
	BI	PD		
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Owner's Protection:	\$ _____	\$ _____	_____	_____

66. List any subsidiaries and affiliates of the contracting firm:

Firm Name	Ownership	Type Business	NANDA Code
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Bank Reference Memorandum

ACCOUNT NAME: \_\_\_\_\_

BANK: \_\_\_\_\_

DATE: \_\_\_\_\_

Checking

Savings/Money Market

Date Opened: \_\_\_\_\_

Date Opened: \_\_\_\_\_

Average Balance: \_\_\_\_\_

Average Balance: \_\_\_\_\_

Present Balance: \_\_\_\_\_

Present Balance: \_\_\_\_\_

Line of Credit

Do you provide a line of credit for working capital purposes to this account? \_\_\_\_\_

If yes, what is the highest credit limit allowed? \_\_\_\_\_

Present amount drawn on the line? \_\_\_\_\_

How is this line of credit secured? \_\_\_\_\_

Overall comments on the account (principal and his/her business): \_\_\_\_\_

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Above information provided by :

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE# \_\_\_\_\_



## OMNI RISK MANAGEMENT, INC.

PERSONAL FINANCIAL STATEMENT AS OF _____, 20____			
Name of individual:		Social Security Number	Date of Birth
Name of Spouse:		Social Security Number	Date of Birth
Residence Address (Street, City, State, Zip Code)			Home Phone Number (Include Area Code)
ASSETS		LIABILITIES	
Cash in Banks (Complete Schedule)	\$	Loans Payable - Banks (Complete Schedule)	\$
Notes Receivable (Complete Schedule)	\$	Notes Payable (Complete Schedule)	\$
Accounts Receivable Complete Schedule)	\$	Accounts Payable (Complete Schedule)	\$
Stocks/Bonds/Securities (Complete Schedule)	\$	Taxes Payable	\$
Real Estate Residence - (Complete Schedule)	\$	Mortgage Payable Complete Schedule)	\$
Real Estate - Investment/Other	\$	Other Liabilities Complete Schedule)	\$
Cash Value Life Ins. (Complete Schedule)	\$		\$
Personal Property	\$	<b>TOTAL LIABILITIES:</b>	\$
Other Assets (Complete Schedule)	\$	<b>NET WORTH:</b>	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL NET WORTH &amp; LIABILITIES:</b>	<b>\$</b>
<b>INCOME:</b>	Salary: \$	Spouse's Salary: \$	<b>TOTAL INCOME</b>
	Bonus/Other: \$	Bonus/Other: \$	\$

### SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate.)

CASH IN BANKS				
Bank Name, Number & Location	Account Number	Amount		
		\$		
		\$		
		\$		
NOTES & ACCOUNTS RECEIVABLE				
Name & Address of Debtor	Amount Due	Due Date	Pledged (Yes/No)	Security
	\$			
	\$			
	\$			
STOCKS / BONDS / SECURITIES				
Name & Number (s) of Instrument	No. Of Shares	Price/Share	Market Value	Exchange & Call
		\$	\$	
		\$	\$	
		\$	\$	

**REAL ESTATE (Residence/Investment/Other)**

Location & Description	Year Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgagee or Lien Holder
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	

**CASH VALUE OF LIFE INSURANCE**

Name of Insurance Co.	Beneficiary	Face Value	Cash Value	Loans Outstanding
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

**OTHER ASSETS**

Description	Title Holder	Cost	Market Value	Age
		\$	\$	
		\$	\$	
		\$	\$	

**LOANS PAYABLE**

Name of Lender	Address	Balance Due	Due in 1 Year	How is it Secured
		\$	\$	
		\$	\$	
		\$	\$	

**ACCOUNTS & NOTES PAYABLE (Including Charge Accounts)**

Payable to Whom	Address	Amount	MO Pymt	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

**OTHER LIABILITIES**

Description	Payable to Whom	Amount	Mo Pymt	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Are you continentally liable or an endorser on any bonds or other obligations?  YES  NO **\*\*Explain all YES**  
 Are you involved in any LITIGATION?  YES  NO answers on separate  
 Have you filed for Bankruptcy in the last 7 years?  YES  NO **sheet of paper\*\***  
 I/We hereby certify and declare that the above statement presents accurately my financial condition to the best of my knowledge and belief and  
 I/We hereby authorize and request any person, firm or corporation to furnish any information requested by the surety  
 concerning any transaction with the undersigned, and the surety is authorized to obtain information to confirm this financial  
 statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies  
 for the sole purpose of securing suretyship, co-suretyship and/or reinsurance.  
 By: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_



**(631) 434-1000 FAX (631) 434-7605**

<b>ATTN.:</b> _____
<b>BID REQUEST:</b> _____ <b>PERFORMANCE &amp; PAYMENT REQUEST</b> _____

*\*\*\*\*\* fill in all blanks to avoid processing delays\*\*\*\*\**

**CONTRACTOR:**

\_\_\_\_\_  
\_\_\_\_\_

**OWNER/OBLIGEE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**CONTRACT DESCRIPTION & LOCATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Bid / Contract Value: \$** \_\_\_\_\_

**BID SECURITY %:** \_\_\_\_\_ **BID DATE** \_\_\_\_\_

**DURATION OF CONTRACT:** \_\_\_\_\_

**LIQUIDATED DAMAGES:\$** \_\_\_\_\_ **MAINTENANCE PERIOD:** \_\_\_\_\_

**DOES OWNER REQUIRE THEIR BOND FORM(if yes/fax over) :** \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_