

Standard Contract Surety

Capacity up to \$40,000,000 for well qualified accounts.

Submissions should include:

- Contractor Questionnaire
- Most recent 3 fiscal year- end CPA prepared business financial statements
- Current personal financial statements from all owners
- Current Work on Hand form
- Most recent business and all owners income tax returns
- For specific bond requests, a copy of the bid specifications or the contract to be bonded

We strongly encourage you to contact your local contract surety underwriter for additional details or clarifications.

The contractor, the owners and their spouses will be required to properly complete our General Indemnity Agreement.

Contractor's Profile

Name of Firm: _____

Contracting Specialty: _____

Physical Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Website: _____ Email Address: _____

TAX REPORTING METHOD

- Sub Chapter S Partnership Proprietorship
 Corporation Limited Partnership Limited Liability Company

Date Business Started: _____ Tax I.D. Number: _____

Name of Prior Business (if applicable): _____

INSURANCE

Liability Insurance Carrier: _____ Agent: _____

OFFICER INFORMATION

OFFICER (1)	Legal Name	Social Security No.	Cell Phone No.	Percentage of Ownership
Email Address		Title and Responsibility		
Spouse's Name (check here <input type="checkbox"/> if not married)		Spouse's Social Security No.		
OFFICER (2)	Legal Name	Social Security No.	Cell Phone No.	Percentage of Ownership
Email Address		Title and Responsibility		
Spouse's Name (check here <input type="checkbox"/> if not married)		Spouse's Social Security No.		
OFFICER (3)	Legal Name	Social Security No.	Cell Phone No.	Percentage of Ownership
Email Address		Title and Responsibility		
Spouse's Name (check here <input type="checkbox"/> if not married)		Spouse's Social Security No.		
OFFICER (4)	Legal Name	Social Security No.	Cell Phone No.	Percentage of Ownership
Email Address		Title and Responsibility		
Spouse's Name (check here <input type="checkbox"/> if not married)		Spouse's Social Security No.		

Is the full indemnity of owners and spouses available? Yes No

If no, please explain: _____

KEY PERSONNEL

Name	Position	Age	Experience

AFFILIATES

List of Affiliated, Subsidiary, or Related companies in which this firm or its stockholders have an interest.

Name	Tax I.D. Number	% Ownership	Scope of Operations

GENERAL INFORMATION

Percent of work sub-let? _____

Policy on managing Subcontractors: Bonds: Yes No Joint Check: Yes No

Other: _____

Have you been, or do you intend to become involved in real estate development, design/build work, turnkey projects or speculative building? Yes No If so, please attach full explanation.

Territory of operations: _____

Is your firm union? Yes No

Has the company or any officer, owner or partner ever declared bankruptcy? Yes No
If yes, give details: _____

Is your firm or any of its officers currently involved in litigation? Yes No
If yes, give details: _____

In regards to contractor's equipment:
Is equipment adequate for work program desired? Yes No
If not, what expenditures are anticipated? _____
Is the equipment owned or leased? _____

PRIOR SURETY

Name	Reason for Leaving

PRIOR EXPERIENCE/LARGEST JOBS

List four of your largest contracts.

Owner Name and Contact Information	Description and Location of Job	Arch/Engineer Contact Information	Contract Price	Profit	Year Done

What dollar size jobs do you feel best able to handle? _____

What is the largest dollar amount of uncompleted work on hand you have ever had at one time? _____
Year? _____

Bonding Capacity Desired: Single Job Size: _____ Aggregate Work Program: _____

SUPPLIER/REFERENCES

Do you pay your bills: within 30 days within 60 days over 60 days

Name six (6) suppliers from which you buy most of your materials

	Name	Address, City, State, Zip Code	Phone & Fax Number
1.			
2.			
3.			
4.			
5.			
6.			

*Are there any claims or disputes with any of your suppliers? If yes, attach details. Yes No

BANKING

At which bank(s) have you established a formal line of credit? (attach copy)

Bank	Address	Line Amount	Collateral

Contact Person: _____ Telephone Number: _____

Email Address: _____ Fax Number: _____

CONTINUITY

Insured	Amount	Beneficiary	Type-Whole Life, Term, Etc.

Is there a buy-sell agreement in effect? Yes If so, how is it funded? (Please provide a copy).
 No If not, attach a full explanation of continuity arrangements.

Are there any trust agreements in effect which now hold, or will hold at some future date, any of the company stock or assets?
 Yes (if so, please attach a copy) No

Are there any trust agreements in effect that hold or will hold personal assets?
 Yes (if so, please attach a copy) No

ACCOUNTING

Name of accounting firm: _____ Telephone Number: _____

Associate handling your account: _____ May we contact him/her? Yes No

Number of years this firm has prepared financial statements: _____ Tax returns: _____

Fiscal year end: _____ Are taxes, both company and personal current? Yes No

Basis of preparation of Statements:
 Cash Completed Contract Simple Accrual % of Completion

Basis of preparation of Tax Payments:
 Cash Completed Contract Simple Accrual % of Completion

How often are internal financial statements prepared:
 Annually Semi-Annually Quarterly Monthly

What accounting software do you use? _____

The above answers are true to the best of my knowledge and belief. I hereby expressly authorize RLI/CBIC to make pertinent inquiries as may be necessary from financial institutions, credit bureaus, persons, firms, and corporations.

Date: _____

Signed: _____ Title: _____

Work-On-Hand Schedule

Contractor's Name: _____

Contracts In Progress Date: _____

Contract Description and Location	Contract Price Including Approved Change Orders	*Total Amount Billed To Date Including Retainage	Total Costs To Date	Revised Estimated Costs to Complete	Est. Completion Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Contracts Completed During the Last Fiscal Year Or Since Last Status of Contracts Report

Contract Description and Location	Final Contract Price	Total Cost	Gross Profit or Loss
1.			
2.			
3.			
4.			
5.			
6.			
7.			

*Do not include "claims" or "disputed items." If desired, attach an explanation.
 This information prepared
 By: _____
 Date: _____

AGENT/BROKER INFORMATION	Agent/Broker Name	Agency Code	Phone No.	Fax No.	City	State
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AGENT'S RECOMMENDATION	<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.
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NOTE: This sample letter must be supplied to your banker. This outline must be followed and all current balances and average balances must be indicated in actual dollar amounts. Should your banker have any questions please have him/her contact your agency.

SAMPLE BANK LETTER

Bank Letterhead

Date _____

RLI Insurance Company/Contractors Bonding and Insurance Company
9025 N. Lindbergh Drive
Peoria, IL 61615

RE: BANK RELATIONS / MR. JOHN DOE AND ABC CONSTRUCTION COMPANY

Mr. John Doe originally opened his accounts with this institution on _____ and maintains the following account:

Business Checking Account: Acct. #0000000-01; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Business Checking Account: Acct. #0000000-02; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Personal Checking Account: Acct. #0000000-03; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Personal Savings Account: Acct. #1000000-01; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Certificate of Deposit in the name of _____ No. _____ Amount: \$ _____

Term: _____; Opened: _____; Matures: _____; Automatically Renewable: Yes ___ No ___

Mr. Doe also maintains a Revolving Line of Credit in the name of ABC Construction Company for working capital.

Amount: \$ _____; Opened: _____; Expiration: _____;

Security: _____

Terms: _____ Current Amt. Outstanding: \$ _____

Very truly yours,

By: _____ (Bank Officer)

(Typed Name and Title)

Personal Financial Statement

IMPORTANT: Read these directions before completing this Statement.

- If you are applying for individual credit in your own name and are relying on your own income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3.
- If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections providing information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1 and 3.

TO:

SECTION 1 - INDIVIDUAL INFORMATION (Type or Print)		SECTION 2 - OTHER PARTY INFORMATION (Type or Print)	
Name		Name	
Residence Address		Residence Address	
City, State & Zip		City, State & Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF _____, _____			
ASSETS (Do not include Assets of doubtful value)	In Dollars (Omit cents)	LIABILITIES	In Dollars (Omit cents)
Cash on hand and in banks	—	Notes payable to banks - secured	—
U.S. Gov't. & Marketable Securities - see Schedule A	—	Notes payable to banks - unsecured	—
Non-Marketable Securities - see Schedule B	—	Due to brokers	—
Securities held by broker in margin accounts	—	Amounts payable to others - secured	—
Restricted or control stocks	—	Amounts payable to others - unsecured	—
Partial interest in Real Estate Equities - see Schedule C	—	Accounts and bills due	—
Real Estate Owned - see Schedule D	—	Unpaid income tax	—
Loans Receivable	—	Other unpaid taxes and interest	—
Automobiles and other personal property	—	Real estate mortgages payable - see Schedule D	—
Cash value - life insurance - see Schedule E	—	Other debts - itemize	—
Other assets - itemize	—		—
	—		—
	—		—
	—		—
	—		—
	—		—
	—	TOTAL LIABILITIES	—
	—	NET WORTH	—
TOTAL ASSETS	—	TOTAL LIAB. AND NET WORTH	—

SOURCES OF INCOME FOR YEAR ENDED	PERSONAL INFORMATION
Salary, bonuses & commissions \$	Do you have a will? _____ If so, name of executor.
Dividends	
Real estate income	Are you a partner or officer in any other venture? If so, describe.
Other income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe.
TOTAL \$	Are any assets pledged other than as described on schedules? If so, describe.
CONTINGENT LIABILITIES	
Do you have any contingent Liabilities? If so, describe.	Income tax settled through (date)
	Are you a defendant in any suits or legal actions?
As endorser, co-maker or guarantor? \$	Personal bank accounts carried at:
On leases or contracts? \$	
Legal claims \$	
Other special debt \$	
Amount of contested income tax liens \$	Have you ever been declared bankrupt? If so, describe.
AGENT/BROKER INFORMATION	
Agent/Broker Name	Code
Phone No.	Fax No.
	City
	State
	Zip

(COMPLETE SCHEDULES ON NEXT PAGE AND SIGN)

SCHEDULE A - U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

SCHEDULE B - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

SCHEDULE C - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type of Property	Title In Name Of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D - REAL ESTATE OWNED

Address & Type Of Property	Title In Name Of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name Of Insurance Company	Owner Of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F - BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address Of Lender	Credit In The Name Of	Secured Or Unsecured?	Original Date	High Credit	Current Balance

The undersigned hereby certifies that the list of assets and liabilities given herein is a true and correct statement of the financial condition on the date given above and that the depositories are hereby authorized to confirm any inquiry made by _____ or its representatives as to any statement made herein relative to monies on deposit or loans made.

Dated this _____ day of _____, _____.

X _____
(Sign here)

X _____
(Sign here)

Specific Bond Request Bid Bond

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Agent	Agent Code
Address	
Phone	Date Requested
Contractor	
Contractor Address	
Obligee	
Obligee Address	
Architect/Engineer (if sub, put general)	
Architect's/Engineer's	
Bid Date	
Invitation No. (federal)	
Estimated Contract Amount	
Percent Bid Bond Required	
Job Description (including location)	
Date Work Is To Begin	
Estimated Completion Date	
Penalty Clause	
How Payments Are To Be Made	
Liquidated Damages	
Warranty	

Subcontractors

(If any work is subbed out, list below; if none, so state)

Name	Trade	Phone	% of Contract	Bonded?

Specific Bond Request Performance & Payment Bond

Agent	Agent Code
Address	
Phone	Date Requested
Contractor	
Contractor Address	
Obligee	
Obligee Address	
Architect/Engineer (if sub, put general)	
Architect's/Engineer's Address	
Contract Amount	
Job Description (including location)	
Start Date	
Estimated Completion Date	
Penalty Clause	
How Payments Are To Be Made	
Liquidated Damages	
Warranty	

Subcontractors

(If any work is subbed out, list below; if none, so state)

Name and Address	Trade	Phone	% of Contract	Bonded?

BID Results

	Name	Bid
Low		
2nd		
3rd		
High		