

We will need the following documents to establish Surety Credit.

1. Financial Statements:
 - a. Current Statement fiscal year end, six-month interim, or quarterly report, whichever is current. (Complete with schedules and footnotes) for your company prepared under generally accepted accounting principles.
 - b. Fiscal Year-End Report for the last three years.
 - c. Last Fiscal Year-End on any other business in which any owner has 20% or more ownership.
 - d. Current Personal Statement for each owner including Social Security number(s) and home address. .
 - e. Copies of Business/Personal Bank Statements/Brokerage Statements that will verify cash balances.
2. Resume of Experience - each owner, partner, or stockholder, and key employees, if applicable.
3. Please complete the attached forms:
 - a. Application - Contractor Questionnaire
 - b. Schedule of Uncompleted Work
 - c. Bank Authorization Letter

Thank you for your time on the above captioned request. Should you have any questions please call me.

Sincerely,

Judy Pearen
Vice President/Bond Manager
Direct Line: 805-690-2612
jpearen@bbsbins.com



**Allied
Insurance**

a member of Nationwide Insurance

Nationwide Mutual Insurance Company
Amco Insurance Company
Bond Department
1100 Locust, Department 2006
Des Moines, IA 50391-2006

Agency: Brown & Brown of CA Inc Address: 1025 Chapala St., Santa Barbara, CA 93101

CONTRACTOR'S EXPERIENCE & INFORMATION SHEET

Name _____ Phone (____) _____
(Include DBA)

Address _____ Fax (____) _____
(Street address, city, state and zip)

ORGANIZATION AND BACKGROUND

- Type of Business: • Corporation • Sole Proprietorship • Partnership • Other (Specify) _____
- Date Business Formed _____ Date Incorporated _____
- If successor business, name of predecessor _____
- List owners, officers, partners and key personnel:

NAME	POSITION	AGE	% OWNER	YEARS IN CONST.	SOCIAL SECURITY NUMBER	SPOUSE'S NAME

- Will the above listed owners, officers, partners and spouses personally indemnify surety? • Yes • No
If no, explain _____

- List Subsidiary, Affiliated or Related Companies which this firm/stockholders have an interest:

NAME	ADDRESS	TYPE OF BUSINESS	STOCK OWNERSHIP

- Have you ever been bonded? • Yes • No If yes, by whom? _____

SCOPE

- Type of construction _____ Territory _____
- Percent of work completed as prime contractor _____(%)
Percent of work bonded _____(%)
- Desired annual sales volume: _____ Desired maximum single job size: _____
- List largest jobs completed in past 5 years:

Contract price	Description of Job	Year Complete	Bonded	Owner Name and Telephone #	Architect/Engineer Name and Telephone #

12. Has contractor or any of the owners ever:
- a. Defaulted on a contract? ___ Yes ___ No If yes, explain _____
 - b. Caused a Surety to pay a loss? ___ Yes ___ No If yes, explain _____
 - c. Petitioned for Bankruptcy? ___ Yes ___ No If yes, explain _____
13. Is organization or any of its owners, officers or partners currently involved in litigation? ___ Yes ___ No
- If yes, explain _____

CREDIT INFORMATION

14. Bank:

NAME	ADDRESS	CONTACT	TELEPHONE #	LINE OF CREDIT AMOUNT	NATURE OF SECURITY

15. List principal suppliers:

NAME	ADDRESS (include City and State)	PHONE (include area code)

FINANCIAL INFORMATION

16. Accountant:
 Name: _____ Contact Person: _____
 Address: _____ Phone: (____) _____ Fax (____) _____
17. Year-end date for organization: _____ Are you a •Sub Chapter S•Corporation? ___ Yes ___ No
18. Life Insurance:

NAME	CARRIER	BENEFICIARY	AMOUNT	CASH VALUE

19. Remarks

The above answers are true to the best of my knowledge and belief and the undersigned hereby authorizes Nationwide Mutual Insurance Company, AMCO Insurance Company, Allied Property & Casualty Insurance Company, hereinafter called •Company• or its agents to confirm any items contained in the questionnaire and hereby authorizes and requests all depositories or banks in which funds are deposited or from which monies may be borrowed, any material man, supply house, or other person, firm, CPA or accountant to furnish any information requested by the Company or its agents, concerning any transactions with the undersigned and authorizes the Company to furnish any information which it now has, or may hereinafter obtain, to other companies for the purpose of securing reinsurance or co-suretyship.

By: _____ Date: _____

Title: _____

PERSONAL AND COMPANY

BANK AUTHORIZATION LETTER

Contractors:

In order to help us fully evaluate your personal and/or Company Financial condition, please complete this form. By signing and dating this form, you are authorizing your bank(s) to release to us the following information.

- A. History with your bank
- B. Current and average Account balances
- C. Amount in CDs
- D. Line(s) of credit and terms: Prompt payments? Secured by? Available balance?
- E. Loan(s) and terms: Prompt payments? Secured by?
- F. New Loans under consideration.

Bank #1	Bank #2
Name _____	_____
Address _____	_____
Bank Officer _____	_____
Phone # () _____	_____
Fax # () _____	_____
Account #'s _____	_____
_____	_____

I understand that this authorization is a continuing authorization, and that the bank is hereby instructed to provide bonding company with information requested, whenever requested and whether requested orally or in writing, unless and until I give written instructions to the contrary.

Print Name/Company

Signature

Date

STATUS OF CONTRACTS IN PROGRESS

Uncompleted Contracts					Uncompleted Contracts	
Name of Contractor:					as of	
Project Number and Contract Name	1	2	3	4	Completion Date	
	Contract Price Including Approved Change Orders	Total Amount Billed to Date Including Retainage	Total Costs to Date	Revised Estimated Costs to Complete	MO	YR
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
TOTALS:						

Contracts Completed Since Last Fiscal Closing Statement or Last Status Report

Project Number and Contract Name	Date Completed		Final Contract Price	Total Cost	Gross Profit or Loss	Remarks:
	MO	YR				
						1. Include contractor's original estimated Total cost plus cost of all change orders & extra work orders approved to date. 2. Do not include "claims" or "disputed items." If desired, attach an explanation.

SUPPLEMENT TO FINANCIAL STATEMENT

- I. Basis of recognizing income for tax purposes:
 Cash Basis Accrual Percentage of Completion Completed contract
Statements prepared on what basis? _____
- II. Does corporation elect to pay taxes under Subchapter "S"? Yes No
- III. Fiscal year end _____ Statements prepared by: Independent Accountant (C
Name & address of Accountant _____
- VI. Do they make an independent verification of statement and express an opinion? Yes No
- V. When were records last audited and cleared by the Internal Revenue Service? _____
- VI. Are cost records maintained for each job? Yes No (Give a brief description on separate sheet
Cost records reviewed by management: Daily Weekly Monthly

TO BE COMPLETED BY SUBCHAPTER "S" CORPORATIONS

1. Will all taxable income be distributed within 75 days after close of Calendar or Fiscal Year End? Yes
If not, will distribution be made? _____
2. Are any distributions of income made on current earnings before close of the Calendar or Fiscal Year End?
 Yes No Explain _____
3. Will the income taxes on taxable income chargeable to the shareholders be paid from the distribution by the shareholders or will additional corporate funds be used to pay shareholders' tax? State which _____
4. Do the shareholders loan money directly to the Corporation? Yes No
5. Do the shareholders personally guarantee corporate loans from banks? Yes No

TO BE COMPLETED BY PARTNERSHIPS

1. Partnership is: General Limited Explain _____
2. How will profits be distributed? _____
3. Will partners' income tax liability incurred from profits shown on Statement be paid by personal funds or from partnership funds? _____
- If paid by partnership, will such payment be in addition to distribution of profit? Yes No

RESUME

(Attach additional information as necessary)

Name _____

Home Address _____

City, County, State, Zip _____

Telephone (____) _____

PERSONAL DATA

Date of Birth _____ Height _____ Weight _____

Marital Status _____ Health _____ Military _____

Spouses' Name _____

EDUCATION

BUSINESS AND PROFESSIONAL EXPERIENCE

(include description of job duties)

From _____ to _____ _____

From _____ to _____ _____

From _____ to _____ _____

CURRENT CONTRACTOR LICENSES _____

VOLUNTEER ACTIVITIES _____

PERSONAL REFERENCES _____

