



1710 N. Douglas Drive, Golden Valley, Minnesota 55422
Ph. 763-543-6993 ~ Fax 763-512-0430
Toll Free 866-317-3294

Application Checklist for the SBA Bond Guarantee Program

1. ____ Questionnaire (attached)
2. ____ Bank reference letter (template attached)
3. ____ SBA Form 912: Statement of Personal History (attached)
4. ____ SBA Form 994: 3rd page only (attached). Officer must sign at the top on behalf of the company; then ALL owners AND spouses must sign at the bottom as individuals
5. ____ SBA Form 994F: Work on hand schedule (template attached)
6. ____ Job & Supply References (templates attached) – 3 each
7. ____ Current Certificate of Insurance
8. ____ Personal financials for all owners – must be within 1 year
9. ____ Last three fiscal year-end financial statements, including affiliates**
10. ____ Latest available internal financial statement**
**Officer must sign & date in-house financials

If you have a current bid or performance & payment bond request, please send the following:

1. ____ Bond Request Form (attached)
2. ____ Bid Invitation, for bid bonds
3. ____ Copy of the contract and bond forms, for performance & payment
4. ____ Performance & payment Bonds require SBA Fee Payment – Fee is 0.729% of the total contract value

Please submit your complete application to Jeremy Crawford via fax or email to jcrawford@ccisurety.com. If you have any questions regarding this application or the SBA Program please feel free to call CCI Surety, Inc.



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CONTRACTOR'S QUESTIONNAIRE FOR SURETY BONDING

Check one: Corporation Partnership Proprietorship LLC

Date: _____ Telephone: (____)_____ Fax: (____)_____

Contractor: _____
 (Legal name as registered with the state)

Street Address (not P.O.Box): _____

City: _____ State: _____ Zip: _____ County: _____

Federal Tax ID Number: _____ Date Business Formed: _____

Date Incorporated: _____ Ownership change in the last five years or are there any plans for change in the corporate ownership or structure? (Please explain)

What type of construction does the business specialize? (list trades performed by the business) _____

What percentage of a project does the business perform? ____(%). What trades are typically subbed out?

Are you a union or non-union contractor? _____

OWNERSHIP INFORMATION:
PLEASE LIST SPOUSE AND SSI NUMBER WHETHER OWNER OR NOT:

<u>Name</u>	<u>Age</u>	<u>Position</u>	<u>Ownership (%)</u>	<u>SSI#</u>
_____	_____	_____	_____	_____
(Spouse)	_____	_____	_____	_____
_____	_____	_____	_____	_____
(Spouse)	_____	_____	_____	_____

KEY PERSONNEL:

<u>Name:</u>	<u>Age:</u>	<u>Position:</u>	<u>Years Employed:</u>	<u>Comments:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Number of Employees: _____ Number of full time office staff: _____

Are there any affiliated companies? If so, please explain:

INSURANCE:

Insurance Agency: _____

Insurance Agent (name): _____ Telephone: (____) _____

WORK HISTORY:

(We will call the owners below for reference information)

<u>Telephone number</u>	<u>Year Completed</u>	<u>Contact Person for Reference</u>	<u>Contract Amount</u>	<u>Job Description</u>
(____) _____	_____	_____	_____	_____
(____) _____	_____	_____	_____	_____
(____) _____	_____	_____	_____	_____

Who was the superintendent on the larger projects? _____ If they are not employed who replaced them? _____

Normal operating territory? _____

Largest backlog of work on hand? (\$) _____ Number of Projects: _____

What size projects (single projects) are you looking to Bond? _____

Backlog you feel your company needs? (\$) _____ #of jobs at one time: _____

SUPPLIER INFORMATION:

<u>Telephone:</u>	<u>Contact Person</u>	<u>Product</u>	<u>Company Name</u>
() _____	_____	_____	_____
() _____	_____	_____	_____
() _____	_____	_____	_____

- We will contact the above as part of a routine credit check

SURETY INFORMATION:

Present Bond Company? _____

Bond Agent? _____ Telephone: () _____

Ever caused a bond loss? Yes or No: _____ If so, please explain? _____

Bankruptcy personal or business in the last ten years, Yes or No? _____ If yes, please explain? _____

FINANCIAL INFORMATION:

Name of accounting firm? _____ Telephone: () _____

Contact Person? _____ Used how many years? _____

Are tax statements for the company current? _____ Personal tax returns current? _____

Any current Federal Tax liens? _____ If so, please provide details: _____

_____ Any current State Tax Liens? _____ If so, please provide details: _____

Any Tax payment plans in place? _____

Who prepares the financial statements in-house for the company and who is in charge of accounts receivable and account's payable? _____

BANK INFORMATION:

Name of Bank: _____ Contact: _____
Address: _____
Telephone: (____) _____ Fax: (____) _____
Bank Line Limit: (\$) _____ Amount in Use: _____ Date: _____

LEGAL REPRESENTATION:

Attorney Firm Name: _____
Attorney: _____ Telephone: (____) _____ Fax: (____) _____
Any current contract disputes? _____
Any material or labor liens? _____
Any lawsuits? _____

SBA QUALIFICATIONS:

ONLY complete this portion if applying for the SBA Bond Guarantee Program

Has the contractor applied or been approved in the SBA program previously? _____

Veteran status of owner(s): _____

Race of owner(s) (i.e. American Indian, African American, Asian, Pacific Islander, White/Caucasian, Hispanic/Latino): _____

NAICS Code (if known): _____



CREDIT AUTHORIZATION

We warrant the information contained in this application for Surety Bonding to be true and correct for the assessment of Surety Credit, and authorize Construction Capital, Incorporated to share this information with appropriate Surety Personnel in order to assess Surety Credit. By signing this application, I warrant that I have the authority to release the information contained within this application to Construction Capital, Incorporated.

Company: _____

By: _____
(signature)

_____ **Date:** _____
(name & title)



1710 N. Douglas Drive
Golden Valley, Minnesota 55422
763-543-6993
763-546-1822 [FAX]

Subject: Financial Institution Bank Letter of Customer Relationship

CCI Surety, Inc. has been contacted to assist with the placement of a Surety Bond Program for the firm presenting you with this letter. An important part of the underwriting process is to review our clients relationship with their financial institution, and their past credit performance.

A reference letter without exact dollar amounts is of no use. The terminology of a low, medium or high figure is not acceptable for Surety Bond Underwriting. Please provide us with the following:

- Date deposit account(s) was opened.
- Checking account and savings account 12 month average balance.
- Current checking account and savings account balance.
- Working capital line information:
 - Line Limit
 - Current balance outstanding, including date of balance
 - Line expiration date
 - Security pledged for the line
 - Any line violations
- Current Loan obligations total of debt, purpose, and its security i.e. equipment etc.
 - Payment history, prompt etc.

The reference letter should be prepared on bank letterhead, signed, and dated by a Banking Officer.

If there are any questions, please feel free to contact our office at either 612-237-9906 or 1-800-936-6227.

***Sincerely,
CCI Surety, Inc.***



United States of America
SMALL BUSINESS ADMINISTRATION
STATEMENT OF PERSONAL HISTORY

Please Read Carefully: SBA uses Form 912 as one part of its assessment of program eligibility. Please reference SBA Regulations and Standard Operating Procedures if you have any questions about who must submit this form and where to submit it. For further information, please call SBA's Answer Desk at 1-800-U-ASK-SBA (1-800-827-5722), or check SBA's website at www.sba.gov.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

SBA District/Disaster Area Office

Amount Applied for (when applicable)

File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

2. Give the percentage of ownership or stock owned or to be owned in the small business or the development company

Social Security No.

First Middle Last

3. Date of Birth (Month, day, and year)

4. Place of Birth: (City & State or Foreign Country)

Name and Address of participating lender or surety co. (when applicable and known)

5. U.S. Citizen? YES NO INITIALS: _____
If No, are you a Lawful Permanent resident alien: YES NO
If non- U.S. citizen provide alien registration number: _____

6. Present residence address:

Most recent prior address (omit if over 10 years ago):

From: _____ From: _____
To: _____ To: _____
Address: _____ Address: _____

Home Telephone No. (Include Area Code): _____
Business Telephone No. (Include Area Code): _____

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION.

YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? INITIALS: _____
 Yes No (If yes, indicate date parole or probation is to expire.)

8. Have you ever been charged with, and/or arrested for, any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet.)
 Yes No INITIALS: _____

9. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?
 Yes No INITIALS: _____

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES FOR FALSE STATEMENTS: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

Signature	Title	Date
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Agency Use Only

11. Fingerprints Waived _____
Date Approving Authority
 Fingerprints Required _____
Date Approving Authority
Date Sent to OIG _____

12. Cleared for Processing _____
Date Approving Authority
13. Request a Character Evaluation _____
Date Approving Authority
(Required whenever 7, 8 or 9 are answered "yes" even if cleared for processing.)

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178. PLEASE DO NOT SEND FORMS TO OMB.

Part V: "STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER AND CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION" (Completed for Initial Application and with any Ownership Changes)

APPLICANT'S CERTIFICATION

By my signature, I certify I have read and received a copy of the "STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER" which was attached to this application. My signature represents my agreement to comply with the approval of my request for SBG Assistance and to comply whenever applicable with the hazard insurance, lead-based paint, civil rights or other limitations in this notice. I also certify that my personal history and financial information submitted to SBA electronically, as part of my application, is current, accurate, and complete.

Business Name: _____

By: _____
Signature Title

_____ Date

Each Proprietor, each General Partner, each Limited Partner or Stockholder owning 20% or more, each Guarantor, and the spouse, when applicable, of each of these must sign. The person signing on behalf of the business must also sign individually.

Signature and Title

_____ Date

Signature and Title

_____ Date

Signature and Title

_____ Date

Signature and Title

_____ Date

Signature and Title

_____ Date

Signature and Title

_____ Date

Signature and Title

_____ Date



OMB Control No: 3245-0007
 Expiration Date: 1-31-2013

Instructions: The small business must complete this form and submit it to the surety agent of choice.

SMALL BUSINESS ADMINISTRATION									
SCHEDULE OF WORK IN PROCESS (ALL WORK-BONDED & UNBONDED-IF COST PLUS PLEASE INDICATE)									
BUSINESS NAME AND BUSINESS TRADE NAME					TAX ID OR SS NUMBER				
JOB DESCRIPTION	STARTING DATE	COMPLETION DATE	BONDED YES/NO	CONTRACT PRICE (Including Approved Change Orders)	Total Billed to Date Including Retainages (Explain Any Dispute Items)	Total Cost To Date	Total Estimated Cost To Complete		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
TOTALS									
Signature					Title				

PLEASE NOTE: The estimated burden for completing this form is 20 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: Chief, Administrative Information Branch, Room 5000, U.S. Small Business Administration, 409 3rd St., SW, Washington, DC 20416; and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202 Washington, DC 20503.

SBA Form 994F (1-10) Previous Editions are Obsolete



Job Reference Check for:

Account Name: _____

Contact Name: _____ Phone: _____

Obligee: _____ Project: _____

Description: _____

Start Date: _____ Completion Date: _____

Contract Price \$ _____ Bonded: Yes No

Quality of Work: Excellent Good Fair Poor

Comments:

Signature: _____

Printed Name: _____ Date: _____



Supplier Reference Check for:

Account Name: _____

Name of Supplier: _____

Contact Name: _____

High Credit: _____

Credit Terms: _____

Comments: _____

Signature: _____

Printed Name: _____

Date: _____



1710 N. Douglas Dr., Suite 110 Golden Valley, MN 55422 (763) 543-6993 Fax (763) 546-1822

BOND REQUEST FORM

Date Ordered: _____ Requested By: _____

Principal / Contractor: _____

Obligee / Owner: _____
(to whom bond is payable to)

Obligee Address: _____

Obligee Contact Person: _____

Phone Number: _____

Bid Date and Time: _____ Amount of Bid: \$ _____

Bid Bond % or \$: _____ Performance %: _____ Payment %: _____ Other: _____

Contract Date: _____ Contract Amount: _____ Bond Amount: _____

Description & Project / Contract No.: _____

_____ Location of Work: _____

Estimated Start Date: _____ Estimated Completion Date: _____

Liquidated Damages / Penalties: _____ Warranty Length / Period: _____

Labor % _____ Material % _____ Gross Profit % _____ Subbed % _____

Subcontracted Trades	Approx. Dollar Amount	Bonded?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bid Results (dollar amount): #1\$ _____ #2 _____ #3 _____

Cost to Complete Work in Progress: \$ _____ Available Bank Credit: \$ _____

Bond Form (check one): Standard Form () Federal () State () AIA () # _____