



1710 N. Douglas Drive  
Golden Valley, Minnesota 55422  
763-543-6993  
763-512-0430 [FAX]

***Surety Bond Application Checklist***  
***(check off and do not return until all paperwork is completed)***

1. \_\_\_\_ Please complete the Surety Bond Application.
2. \_\_\_\_ Please complete the credit release form.
3. \_\_\_\_ Bank reference letter.
4. \_\_\_\_ Resumes for all owners and key personnel.
5. \_\_\_\_ Business plan.
6. \_\_\_\_ Work on hand schedule.
7. \_\_\_\_ Last three years of fiscal year end financial statements.
8. \_\_\_\_ Latest available internal financial statement.
9. \_\_\_\_ Personal financial statements for all of the owners.
10. \_\_\_\_ Current Certificate of Insurance

**Please, if you have any questions regarding the checklist or the application call us. There may be areas, which do not apply to your company or questions on what we are underwriting. Thank you.**

**Sincerely,  
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 a 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:**

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

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)

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

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:**

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

- 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 account's

receivable and account's payable? \_\_\_\_\_

**BANK INFORMATION:**

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Bank Line (\$) \_\_\_\_\_ Amount in Use: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Line Expiration Date: \_\_\_\_\_

**LEGAL REPRESENTATION:**

Attorney Firm Name: \_\_\_\_\_

Attorney: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Any current contract disputes? \_\_\_\_\_

Any material liens? \_\_\_\_\_

Any labor liens? \_\_\_\_\_

Any lawsuits? \_\_\_\_\_

\*\*\*\*\*

***We warrant the information contained in this application for Surety Bonding to be true and correct for the assessment of Surety Credit, and authorize CCI Surety, Inc. 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 CCI Surety, Inc.***

**Company:** \_\_\_\_\_

**By:** \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(name & title)

**Date:** \_\_\_\_\_



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**Credit Release Authorization:**

I/we authorize CCI, Surety to investigate the information contained with the contractor's questionnaire, my/our credit with any and all creditors and/or financial and/or lending institutions, and prior Surety Credit.

**COMPANY:** \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(NAME & TITLE)

**Date:** \_\_\_\_\_