



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.**

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 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: _____

Resume of Reference for Surety Bond Credit Review
(Please complete for each owner and key personnel)

Date: _____

Company Name: _____

Name of Individual: _____

Home Address (City, State, and Zip Code) _____

Home Telephone: (____) _____ Home Fax: (____) _____ Cell: (____) _____

Date of Birth: _____ Marital Status: _____ SS#: _____

Education:

High School: _____ Graduation Date: _____

College or Vocational School: _____ Graduation Date: _____

Area of Study/Specialty (Degrees, Certification, Licenses held): _____

Employment Experience:

From _____ to Present: _____

(Company, position, experience)

From _____ to _____: _____

(Company, position, experience)

From _____ to _____: _____

(Company, position, experience)

Additional Information:



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Business Plan **Company:** _____

Date: _____

Expectations for the January _____ **to December** _____.

1. **Largest project completed ever** \$ _____ **Anticipated this year** \$ _____
2. **Largest backlog of projects (bonded and unbonded)** \$ _____
Anticipated largest backlog this year \$ _____
3. **Largest number of projects on hand at any one time in the past** # _____ **Anticipated this year** # _____
4. **Radius in miles from the Home Office does the company travel for work:** _____
5. **Any changes in the type of work for the coming year?** _____

6. **Any Equipment, Plant, additions or deletions planed for the coming year?** _____

7. **Any changes in personnel for the coming year?** _____

8. **Any change in Banking, Lines of credit, Accountants for the coming year?** _____

BUSINESS CONTINUITY:

*In the event of death by the Owner(s); how will the business continue?
Please include information on buy/sell or any key man life insurance.*

CCI Surety, Inc.
Work On Hand Schedule

(1) Name of Contractor:							(2) Date As Of:			
	(3) Description Of Job	(4) Starting Date	(5) Completion Date	(6) Bonded	(7) Unbonded	(8) Contract Price (Including Approved Change Orders)	(9) Contractors Est. Cost When Bid (Including Cost of Approved Change Orders)	(10) Total Billed to Date Including Retainage	(11) Total Cost To Date	(12) Total Revised Estimated Cost To Complete
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
(13) Totals										
(14) Total Uncompleted Work:							(18) Signature:			
(15) Total Uncompleted Work By Subcontractors:							(19) Title			
(16) Bonded:							(20) Remarks:			
(17) Unbonded:										

1710 N. Douglas Dr.
Suite 110
Golden Valley, Minnesota 55422
763-543-6993
FAX 763-512-0430
Toll Free 866-317-3294



2717 N. Grandview Blvd.
Suite 105
Waukesha, Wisconsin 53188
262-521-2969
FAX 262-521-2970

BOND REQUEST FORM

Date Ordered: _____ Requested By: _____

Principal / Contractor: _____

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

Obligee Address: _____

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 # _____