

# SURETY SPECIALTY GROUP, INC

PO BOX 600962

JACKSONVILLE, FL 32260

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## CONTRATOR'S INFORMATION BLANK

Date \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address: Street, Box No. or RFD, City, State, Zip \_\_\_\_\_

Corporation  Individual  Partnership  Business Formed \_\_\_\_\_ Class of Contractor \_\_\_\_\_

Is your operation:  Union  Non-Union In what Geographical Area: \_\_\_\_\_ When incorporated \_\_\_\_\_ (year)

### Ownership

Owner, Partners or Stockholders	Home Address & Zip Code	% Ownership	Spouse's First Name	Social Security #	Amount Life Ins. Payable to Co.
Other Business Interests:	Nature of Operations				Subsidiary - Relationship

Key Personnel: (For additional information – attach separate list)

Name and Age	Position	Yrs. Exp.	Schooling	Previous Employment & Position	Amount Life Ins. Payable to Co.

Business Continuity: Is there a buy-sell agreement funded by life insurance?

Name	Amount	Beneficiary	Surrender Value

Insurance Coverage: Please list coverages in effect

Type of Coverage	Limits	Company	Renewal Date

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a surety?

Yes  No If Yes, please explain fully on a separate sheet.

Is your organization presently involved in any litigation?  Yes  No If Yes, please explain fully on a separate sheet.

What portion of your work is normally under contract? \_\_\_\_\_

Largest Amount of Uncompleted Work at any one time: \$ \_\_\_\_\_ Largest Job: \$ \_\_\_\_\_ year: \_\_\_\_\_

68-3340

What work do you normally subcontract? \_\_\_\_\_

Do you normally require bonds of subcontractors? \_\_\_\_\_

Have the necessary equipment to perform anticipated job/program?  Yes  No

FURNISH EQUIPMENT SCHEDULE Do you lease equipment?  Yes  No

If Yes, give terms of lease agreement(s): \_\_\_\_\_

Credit References: (Major Suppliers) Name & Fax No. or Address (Including Street Address, Zip & Phone No.)	Active Account	Last Sales (Yr)

Experience (List contracts completed in past)				
Contract Description & Owner	Type of Work	Name & Fax No. or Address of Architect/Owner or Engineer	Contract Price	Year Complt.

Banking Facilities:	
Name & Fax No. or Address	Account Number
Line of Credit established – unsecured	Secured – What basis
Amount Presently outstanding	Deposits: Average Monthly balances

Attorney Name & Address \_\_\_\_\_

Accounting:	
Basis of recognizing income for tax purposes: <input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual <input type="checkbox"/> Percentage of completion <input type="checkbox"/> Completed Contract	
Statements prepared on what basis?	
Does corporation elect to pay taxes under "Sub chapter S"? (If "yes" furnish details on separate sheet) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fiscal year end	Statements prepared by: Independent Accountant CPA
Name & Address of accountant	
Do they make an independent verification of statement & express an opinion? <input type="checkbox"/> Yes <input type="checkbox"/> No	When were records last audited and cleared by the Internal Revenue Service?
Are cost records maintained for each job? (Give brief description on separated sheet) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cost records reviewed by management: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

Priority Surety:	
Name and Address of branch handling account	
Amount of largest bond and/or line of credit established	Has any surety ever declined bonding facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has firm or any member failed to complete a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any liens filed, judgements, suits or claims pending? <input type="checkbox"/> Yes <input type="checkbox"/> No

**AUTHORIZATION FOR CREDIT :**  
 AUTHORITY IS HEREBY GRANTED TO ANY INDIVIDUAL, FIRM, CORPORATION, AND ANY FINANCIAL INSTITUTION TO FURNISH SURETY SPECIALTY GROUP OR ANY SURETY , UPON ITS REQUEST, WITH ANY INFORMATION CONCERNING OR PERTAINING TO THE UNDERSIGNED'S FINANCIAL STANDING, CREDIT OR MANNER OF MEETING OBLIGATIONS. A COPY OF THIS AGREEMENT SHALL BE CONSIDERED THE SAME AS THE ORIGINAL. THIS AUTHORIZATION SHALL REMAIN IN FORCE UNTIL RESCINDED IN WRITING BY THE UNDERSIGNED.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."