



Corporate Headquarters  
Des Moines, IA

Agency Name: \_\_\_\_\_

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

Agency Email: \_\_\_\_\_ Agency Phone \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

## CONTRACTOR'S EXPERIENCE AND INFORMATION STATEMENT

1. Name of Firm: \_\_\_\_\_

2. Address: \_\_\_\_\_  
(Street/PO Box)

\_\_\_\_\_  
(City) (State) (Zip) (Website Address)

3. Phone: \_\_\_\_\_ 4. Contracting Specialty: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_ 6. Title: \_\_\_\_\_

7. Year Business Started: \_\_\_\_\_ 8. Type of Business:  Corp.  Part.  Prop.  Sub. S.  LLC

9. State of Incorporation: \_\_\_\_\_ 10. Fiscal Year End Date: \_\_\_\_\_ 11. Area of Operation: \_\_\_\_\_

12. Is your firm union?  Yes  No

13. List the corporate officers, partners or proprietors of your firm:

Name	Date of Birth	SS#	Position/ Title	Percent Owned	Name of Spouse
A.					
Residence Address:					
B.					
Residence Address:					
C.					
Residence Address:					
D.					
Residence Address:					
E.					
Residence Address:					

14. Do the above individuals and spouses personally indemnify Surety?  Yes  No

15. 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 on a separate sheet and attach.

16. Is your firm or any of its owners or officers currently involved in any litigation?  Yes  No If yes, please explain on a separate sheet and attach.

17. List any subsidiaries and affiliates of the contracting firm:

	Firm Name	Ownership Breakdown	Type of Business
A.			
B.			
C.			

18. Do the above affiliates indemnify the surety?  Yes  No

19. What is the largest job you expect to do during the next year? \_\_\_\_\_

20. What is the largest uncompleted work program expected during the next year? \_\_\_\_\_

21. What is your expected annual volume next year? \_\_\_\_\_

22. What trades do you normally undertake with your own forces? \_\_\_\_\_

23. Do you lease equipment?  Yes  No      24. Terms of lease: \_\_\_\_\_

25. Name of your CPA: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

26. On what basis are taxes paid?  Cash  Completed Job  Accrual  % of Completion

27. On what level of assurance are financial statements prepared?  CPA Audit  Review  Compilation

28. On what basis are financial statements prepared?  Cash  Completed Job  Accrual  % of Completion

29. How often are CPA financial statements prepared?  Annually  Semi-annually  Quarterly  Monthly

30. Do you have a full time accountant on staff?  Yes  No      31. Yrs. experience: \_\_\_\_\_

32. Are job cost records kept?  Yes  No      33. How often reviewed? \_\_\_\_\_

34. Name of your Bank: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

35. Amount of line of credit: \_\_\_\_\_ 36. Expiration Date: \_\_\_\_\_ 37. What is interest rate? \_\_\_\_\_

38. How is credit secured? \_\_\_\_\_ 39. UCC Filing?  Yes  No

40. List previous bonding companies and agencies.

	<u>Dates</u>	<u>Name of Agency</u>	<u>Name of Surety Company</u>	<u>Reason for Leaving</u>
A.				
B.				
C.				

41. Continuity and Life Insurance. Explain the company's plan to complete existing projects and continue in business upon the death of the majority owner(s) of the company. Attach copies of any formal Agreements or Contracts that exist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• List Life Insurance in place:

Owner/Officer's Name	Face Amount of Policy	Beneficiary

42. List your two largest contracts ever completed.

Owner/General Contractor with Phone Number	Project Name	Date Completed	Contract Amount	Gross Profit	Design Professional with Phone Number

43. List uncompleted projects over \$100,000 presently on hand.. If necessary, use additional sheets. In lieu of this attach a current contracts in progress schedule. Attach a separate sheet explaining projects with losses, delays, or other issues.

Owner/General Contractor with Phone Number	Project Name	Contract Amount	Estimated Gross Profit	Percent Complete	Expected Completion Date

44. List your five major suppliers:

Supplier Name	Contract Person	Telephone	Email Address
A. _____			
B. _____			
C. _____			
D. _____			
E. _____			

45. Complete the attached Bank Inquiry Form.

Completed by \_\_\_\_\_  
 Signature Title Date



PLEASE RETURN TO ADDRESS CHECKED BELOW:

HOME OFFICE
2100 FLEUR DRIVE
DES MOINES, IOWA 50321-1158
(515) 243-8171
FAX (515) 243-0344

AUSTIN OFFICE
P. O. BOX 26720
AUSTIN, TEXAS 78755
(512) 343-9033
FAX (512) 343-8363

BANK INQUIRY FORM

Date \_\_\_\_\_

Agency Code \_\_\_\_\_

Bond No. \_\_\_\_\_
(if assigned)

APPLICANT TO COMPLETE TOP PORTION

Name and Address of Bank:

Name and Address of Business Accounts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_

Acct. Numbers \_\_\_\_\_

Name and Address of Personal Accounts:

Acct. Numbers \_\_\_\_\_

THE UNDERSIGNED HEREBY AUTHORIZES THE FOLLOWING INFORMATION TO BE RELEASED TO MERCHANTS BONDING COMPANY (MUTUAL).
X \_\_\_\_\_
(Signature) (Date)

BANK TO COMPLETE BOTTOM PORTION

The above-referenced Applicant has applied to Merchants Bonding Company (Mutual) for bonds and has provided your bank as a reference. Please provide the following information:

THE CONFIDENTIALITY OF THIS INFORMATION WILL BE PRESERVED EXCEPT WHERE DISCLOSURE OF THIS INFORMATION IS REQUIRED BY APPLICABLE LAW.

DEPOSITORY ACCOUNTS

- 1) This customer has been with our bank since \_\_\_\_\_
2) Please complete:

Table with 5 columns: ACCT. NO, TYPE, AVG. BALANCE (PAST 6 MONTHS), CURRENT BALANCE, ANY OVERDRAFTS? FLOATS? RETURNED CHECKS?

CREDIT ACCOUNTS

- 3) We have granted credit to the applicant since \_\_\_\_\_
4) Total amount of the line? \_\_\_\_\_
5) Current outstanding balance on the line? \_\_\_\_\_
6) Is this line secured? \_\_\_\_\_ Type of security? \_\_\_\_\_
7) Renewal date of the line of credit \_\_\_\_\_
8) Has the line of credit been handled as agreed? \_\_\_\_\_
9) Other loans extended: Current balance \_\_\_\_\_ Monthly payments \_\_\_\_\_
10) Are these loans secured? \_\_\_\_\_ Type of security? \_\_\_\_\_
11) Have these loans been handled as agreed? \_\_\_\_\_
12) What is your experience and opinion of this applicant's financial responsibility and business reputation? \_\_\_\_\_

Thank you for your cooperation.
MERCHANTS BONDING COMPANY (MUTUAL)

BANK OFFICER

Name \_\_\_\_\_

Phone \_\_\_\_\_

Signature X \_\_\_\_\_

Date \_\_\_\_\_