

CONTRACT BONDS

Thank you for your request. Please provide the following items to enable us to underwrite and respond in a timely matter.

1. **Completed HCC Surety Questionnaire**
2. **Business Financial Statements**
Last 2 fiscal year end financial statements of business entity, plus current interim financial statements. If this statement is more than six months old, we require a current interim statement. Note: All financial statements are to include both a balance sheet and a profit and loss statement.
3. **Personal Financial Statement(s) of Owners (Format Attached)**
Required on all Stockholders of a Corporation who own more than 10% of the stock or all Partners of a Partnership, or the Sole Proprietor.
4. **Bank Verification & 3 Months Personal and Business Bank Statements**
5. **Job References (Contact Information with Job Description)**
6. **Supplier References (Contact Information)**
7. **Work on Hand (Format Attached)**
8. **Copy of Construction Contract, Bond Forms, Bid Results (If Bid, Bid Specifications)**
9. **Contract Bond Request Form**

If you have any questions regarding **Contract Bonds**, please do not hesitate to call us. We look forward to working with you and your clients.

Thank you for your business!

HCC SURETY GROUP:
AMERICAN CONTRACTORS INDEMNITY COMPANY • U.S. SPECIALTY INSURANCE COMPANY
SUBSIDIARIES OF HCC INSURANCE HOLDINGS, INC.

HCC SURETY GROUP



601 S. Figueroa St., Suite 1600, Los Angeles, CA 90017
 (800)787-3896 * Fax (310) 649-0416

AGENT/BROKER California Contractors
 ADDRESS P. O Box 278238, Sacramento
CA 95827-8238

PHONE (800) 432-2641
 FAX (916) 363-2662
 HCCS Producer Code 3335

CONTRACTORS QUALIFICATION QUESTIONNAIRE ORGANIZATION AND BACKGROUND

Name _____	() Individual
Address _____ Fed. I.D. # _____	() Partnership
City, State, Zip _____	
Phone _____ Fax _____	() Corporation

Date business formed _____ Date Incorporated _____

If SUCCESSOR to prior business, Name of Predecessor _____

Has there been any recent changes in control of your company? Yes No

If so, describe _____

Principal Officers of the Company

NAME	POSITION	% OF OWNER-SHIP	AGE	DATE OF EMPLOY	SOCIAL SECURITY NO.	NAME OF SPOUSE

Please asterisk officers who are authorized to execute documents for the Company under the Corporate Seal. Have provisions been made for continuation of their duties in the event of their death or disability? _____ Attach details.

List of Affiliated, Subsidiary or Related Companies in which this Firm or its Stockholders have an interest:

NAME AND ADDRESS	STOCK OWNERSHIP	SCOPE OF OPERATIONS	ENDORSEMENT BY PRINCIPAL OR STOCKHOLDERS

SCOPE OF OPERATION

Key Operating Personnel, General Manager, Superintendents, Engineers, etc.

Name	Position	Age	Experience

A. Type of work usually performed:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Public Bldgs. | <input type="checkbox"/> Excavation | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Water System | <input type="checkbox"/> Heating/Air Cond. |
| <input type="checkbox"/> Highways | <input type="checkbox"/> Sewers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bridges | <input type="checkbox"/> Electrical | _____ |

B. Geographical Areas of Operation

- C. Percentage of work usually done as a**
- | | |
|------------------|---|
| 1. Prime _____ % | D. How much of an average job is Sublet? _____ % |
| 2. Sub _____ % | Type of work sublet _____ |

Are bonds required from Suppliers or Subcontractors? Yes No If yes, over what amount \$ _____

Has Supplier or Subcontractor ever failed to complete a contract? Yes No If so, describe _____

Has your company ever experienced a bankruptcy? Yes No

Been in receivership? Yes No If so, explain _____

Are any liens for labor and/or material filed against your company on any contracts which have been done or are being done by your company? Yes No If yes, explain _____

What size contracts do you feel the company is qualified to do:

- 1.) on a single job \$ _____
- 2.) perform during any one year \$ _____
- 3.) have as work on hand at any one time \$ _____

What is the anticipated expenditure in respect to the purchase of equipment within the next 12 months?

Total Cost \$ _____ Down payment and amount payable within 12 months \$ _____

INSURANCE

TYPE	LIMITS	ISSUING COMPANY	EXPIRATION DATE	AGENCY
Fidelity				
Liability				
Workers Compensation				
Fire				
Equipment Floater				

Attach a current Certificate of Insurance.

List the six most important contracts completed in the last five years

Owner's Name	Address & Phone Number	Contract Amount	Time Required to Complete
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			

Largest work-on-hand position of company, at any one time was \$ _____

During _____ and consisted of _____ contracts.

Give the names of five principal suppliers.

	Name	Address	Phone #
			Fax#
1.)			
2.)			
3.)			
4.)			
5.)			

Surety Information

Present Surety _____ Present Rate _____

Address _____

With present surety _____ years.

Largest single contract previously bonded _____

Why change of surety? _____

Covenants provided to present surety

1. Personal indemnities: Yes No If yes, list indemnitors _____

2. Additional Corporate indemnities: Yes No If yes, list additional indemnitors _____

3. Is collateral provided: Yes No If yes, explain _____

FINANCIAL INFORMATION

Banking

Name of Bank _____
Address _____
Manager _____
With bank since _____
Previous bank _____
Address _____
Term with previous bank _____

Line of Credit

Amount _____

Amount in Use _____

Secured by:

	Yes	No
A. Accounts receivable		
B. Collateral	<input type="checkbox"/>	<input type="checkbox"/>
C. Personal covenants	<input type="checkbox"/>	<input type="checkbox"/>
D. Additional corp. covenants	<input type="checkbox"/>	<input type="checkbox"/>

Accounting

Name of Accounting firm _____

Address _____

How long has this firm acted as your auditor? _____ years.

Date last audited Financial Statement was prepared _____, _____.

Is statement prepared on an (A) audited or (B) unaudited basis? _____

Completed Job? _____ % of Completion _____ Accrual? _____ Other _____

Have (or are) any of your accounts receivables or retentions been assigned, pledged, hypothecated, sold or discounted? Yes No

If so, describe _____

ATTACH PERSONAL FINANCIAL STATEMENTS OF INDEMNITORS CONCURRENT WITH FISCAL YEAR-END OF CONTRACTOR.

ATTACH LAST THREE (3), COMPLETE FISCAL YEAR-END FINANCIAL STATEMENTS (IF NOT FULL CPA AUDITS, ATTACH SCHEDULES OF ALL BALANCE SHEET ITEMS AS WELL AS UNCOMPLETED WORK-ON-HAND SCHEDULES)

The Undersigned hereby represents that the herein statements are true and authorizes any bank or other reference to verify the correctness of items in the above statement to the Surety. Surety is authorized to investigate, at any time, the Undersigned's credit, employment history, and department of motor vehicle records.

Name of Company _____

Dated this _____, _____

IF CORPORATION SIGN AND SEAL HERE

WITNESS

SIGNATURE OF APPLICANT IF NOT A CORPORATION

HCC SURETY GROUP



Bank Verification

(To be completed by bank or savings & loan)

Please complete a separate form for each account

Re: Account Holder _____

Account Number _____

The above account holder has applied to this Company for bonding credit and has given your name as a reference. Authorization has been given to us to verify their financial statement. Therefore, we would appreciate the courtesy of a prompt reply to the following questions. Your response will be treated in confidence and without responsibility on your part. You may return this inquiry by fax to the number below. Thank you for your cooperation.

1. When was the account opened? _____
2. The average balance is \$ _____ for the period of _____ months.
3. Has a line of credit been established? _____
If so, what amount? \$ _____ It is secured by _____
The renewal date is _____ Amount available \$ _____
4. What is your opinion of the applicant's character, ability and financial responsibility?

Name of Bank _____

Address _____

Phone Number (_____) _____ Fax Number (_____) _____

Information has been provided by _____

Signature

Date _____

Printed Name

Fax to Attn: Home Office Branch Office 310.645.9274

HCC SURETY GROUP

CALL 800-787-3896

Name and Address of Contractor		Uncompleted Contracts									
		Date Started		1 Contract Price Including Approved Change Orders	2 Contractor's Estimated Cost At Time of Bid (1)	3 Total Amount Billed To Date Including Retainage (2)	4 Total Costs To Date	5 Revised Estimated Costs To Complete	Completion Date		
									Mo.	Yr.	
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
TOTALS											

Name and Address of Contractor		Contracts Completed Since Last Fiscal Closing Statement or Last Status Report				
		Date Started		Final Contract Price	Total Cost	Gross Profit or Loss
		Mo.	Yr.			

1. Include contractor's original estimated total cost plus cost of all change orders and extra work orders approved to date.
2. Do not include "claims" or disputed items." If desired, attach an explanation.

As your surety, we are as interested as you in accurate progress reports on your construction work. This form is intended to help present such a report.

As a guide, the following definitions are given so that the data presented will be more meaningful.

CONTRACT PRICE and CONTRACTOR'S ESTIMATED COST AT TIME OF BID should include **approved change orders** only and, in original estimated costs, the costs applicable thereto. Exclude claims and disputed items. If desired, an explanation of these items may be attached.

If contracts are on a unit price basis, and the estimated number of units approved has increased or decreased since bid date, adjust the original contract price and costs accordingly, using the original price and cost per unit as a base, and enter these amounts unless the change in unit quantity had contractually operated to change the unit price.

All projects should be listed: Bonded, non-bonded, lump sum and cost plus.

COSTS should be entered consistent with financial statement (Profit and Loss Report) allocation, excluding general and administrative (specifically unallocated) overhead.

BILLED TO DATE and COSTS TO DATE should be entered as of the same date or, when this schedule is provided in conjunction with a financial statement, consistent with their treatment in the financial report.

ESTIMATED COSTS TO COMPLETE should be a revised figure reflecting developments which have occurred subsequent to bid date causing a change in total cost (or cost per unit), if any, unit merely a subtraction exercise. After approximately 50% completion, it is imperative that a re-evaluation of costs be made. In the early stages of a project, a re-evaluation of costs may be difficult and perhaps impractical.

**HCC SURETY GROUP
BOND REQUEST FORM**

If final bond please provide a copy of the contract

Name of **PRINCIPAL** (Contractor): _____
Address: _____

Name, Address, of **OBLIGEE**: _____
(Obligee is who is requiring the bond) _____

OBLIGEE
Contact Person: _____
Phone Number: _____
Fax Number: _____

Bid Date: _____ Bid Time _____ Bid Bond % _____
Performance Bond % _____ Payment Bond % _____ Project No.: _____

Contractor's Bid Estimate: \$ _____ (Remember: All of our bid bonds are capped.)
Engineer's Estimate: \$ _____

Project Description/Title: (please type "exactly" as it appears on your proposal):

Location: _____

Start Date: _____ Completion Date: _____

Liquidated Damages: \$ _____ (Calendar /Working Days)

Percentage of Work Subcontracted: _____ Length of Warranty: _____

If final bond, please provide bid results:

1.) _____ 2.) _____ 3.) _____ 4.) _____

Work on Hand - Description:	Contract Amount:	Amount Complete:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Pending Bids:	Bid Date:	Bid Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL WORK ON HAND & PENDING BIDS: \$ _____

Are Special Bond Forms Required: _____ YES _____ NO (If yes, please include bond form)

Does your bond need to be: Mailed _____ Picked up _____ Overnighted _____
(If bond needs to be overnighted, please print your Fed-Ex Account # _____)

ALL OF THE INFORMATION NEEDS TO BE COMPLETED ON THIS FORM

Phone : (310) 649-0990 Fax: (310) 645-9274
601 S. Figueroa St., Suite 1600, Los Angeles, CA 90017