



## HCC SURETY GROUP

9841 Airport Boulevard, 9<sup>th</sup> Floor, Los Angeles, CA 90045

Telephone: (310) 649-0990

Facsimile: (310) 645-9274 www.hccsurety.com

### **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 Underwriting Data Sheet**

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**  
**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 # \_\_\_\_\_)

AGENT/BROKER \_\_\_\_\_ PHONE (     ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX (     ) \_\_\_\_\_  
\_\_\_\_\_ HCCS Producer Code \_\_\_\_\_

**CONTRACTORS QUALIFICATION QUESTIONNAIRE  
ORGANIZATION AND BACKGROUND**

Name _____	(   ) Individual
Address _____ Fed. I.D. # _____	(   ) Partnership
Phone _____ Fax _____	(   ) Corporation

Date business formed \_\_\_\_\_ Date Incorporated \_\_\_\_\_

If SUCCESSOR to prior business, Name of Predecessor \_\_\_\_\_

H

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:

Public Bldgs.

## Excavation

## Plumbing

### B. Geographical Areas of Operation

## Commercial

## Water System

Heating/Air Cond.

## Highways

## Sewers

Other

## Bridges

Electrical

C. Percentage of work usually done as a

1. Prime \_\_\_\_\_%

D. How much of an average job is Sublet? \_\_\_\_\_%

2. Sub \_\_\_\_\_%

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.) 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

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  
C. Personal covenants  
D. Additional corp. covenants

### 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.

Name of Company \_\_\_\_\_

Dated this \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
IF CORPORATION SIGN AND SEAL HERE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF APPLICANT IF NOT A CORPORATION

AMERICAN CONTRACTORS INDEMNITY COMPANY

**PERSONAL FINANCIAL STATEMENT  
NOT TO BE USED FOR BUSINESS STATEMENTS.**

**To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement**

Personal financial statement of \_\_\_\_\_ SS. NO. \_\_\_\_\_  
(Name)

(Street Address, City, State, Zip)

HOME PHONE NO. ( ) \_\_\_\_\_ BUS. PHONE NO. ( ) \_\_\_\_\_

NAME OF SPOUSE

AS OF \_\_\_\_\_,  
(Date)

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank) . . . . .		Notes payable to (names and addresses):	
Cash in following banks (names and addresses):		. . . . .	
. . . . .		. . . . .	
. . . . .		Sales Contracts & Chattel Mtgs. (Sch. 6) . . . . .	
Stocks and bonds (Schedule 1). . . . .		Accounts payable . . . . .	
Accounts receivable (Schedule 2). . . . .		Current portion of long term debt . . . . .	
Notes receivable (Schedule 3). . . . .		Other current liabilities (Schedule 6) . . . . .	
Other current assets (Schedule 6)		. . . . .	
. . . . .		. . . . .	
. . . . .		Current Year's Income Taxes Unpaid . . . . .	
. . . . .		Prior Year's Income Taxes Unpaid . . . . .	
. . . . .		Real Estate Taxes Unpaid . . . . .	
. . . . .			
<b>TOTAL CURRENT ASSETS</b>		<b>TOTAL CURRENT LIABILITIES</b>	
<b>FIXED ASSETS</b>		<b>LONG TERM LIABILITIES</b>	
Real estate (Schedule 4):		Real estate debt (Schedule 4):	
Residence . . . . .		Residence . . . . .	
Other . . . . .		Other . . . . .	
Cash value of life insurance (Schedule 5) . . . . .		Borrowed on life insurance (Schedule 5) . . . . .	
. . . . .		. . . . .	
Other assets and investments (Schedule 6) . . . . .		Other long term debt (Schedule 6) . . . . .	
. . . . .		. . . . .	
. . . . .		. . . . .	
. . . . .		. . . . .	
. . . . .		<b>TOTAL LONG TERM LIABILITIES</b>	
<b>TOTAL FIXED ASSETS</b>		<b>NET WORTH</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

## CONTINGENT LIABILITIES

FOR ENDORSEMENTS OR GUARANTEES \$ \_\_\_\_\_ FOR OTHER PURPOSES \$ \_\_\_\_\_

GIVE DETAILS

## 1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value	Book Value
TOTALS				\$	\$

## 2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

## 3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

## 4. REAL ESTATE

Description of Property	Title in Name of	Market Value	Cost	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL							

## 5. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

## 6. OTHER ASSETS AND LIABILITIES

Other Current Assets (itemize)	Other Current Liabilities (itemize)	Amount

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature \_\_\_\_\_  
S.S. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_  
S.S. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Signed \_\_\_\_\_, \_\_\_\_\_.





# American Contractors Indemnity Company

Name and Address of Contractor								Uncompleted Contracts as of		
Contract Description and Location	Bonded Yes/No	Date		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	
		Started							Date	
		Mo.	Yr.						Mo.	Yr.
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
TOTALS										

## Contracts Completed Since Last Fiscal Closing Statement or Last Status Report

Contract Description and Location	Date Started		Final Contract Price	Total Cost	Gross Profit or Loss
	Mo.	Yr.			

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

## 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*