


Viking Bond Service, Inc.

22601 N. 19th Ave. Suite 210, Phoenix, AZ 85027

Toll Free: 888-2-SURETY | Nqecn 623-; 55-; 556 | Fax: 623-933-9376

To: _____ **Today's Date:** _____

From: _____

Contractor: _____

 Obligee (*Bond Payable To*): _____

Address: _____

Obligee Contact: _____ Ph: _____ Fax: _____ E-mail: _____

 Legal Project Name (*including any identifying numbers*): _____

Job Location: _____

Scope of Work: _____

Estimated Start Date: _____ Work On Hand As Of: _____ \$

Completion Time: _____ Penalties/Damages: _____ \$

 Special Bond Forms? Yes (*attach forms*) No Retainage: _____ %

Warranty Period: _____ Covered By Manufacturer? Yes No

 Job Breakdown: **Labor:** _____ % or \$ **Materials:** _____ % or \$

Subcontracts: _____ % or \$ **Profit:** _____ % or \$

List Major Subcontractors
Amount
Sub Bonded?

	Amount	Sub Bonded?
_____	\$ _____	Yes No
_____	\$ _____	Yes No
_____	\$ _____	Yes No

Architect/Engineer _____ Phone: _____

Special Hazards: _____

BID BOND INFORMATION

Bid Date and Time: _____ Estimated Bid: _____ \$

Bid Bond Amount: _____ % or \$ Bid Opening Location: _____

BID RESULTS

Low Bidder: _____ Bid Amount: _____ \$

 2nd Bidder: _____ Bid Amount: _____ \$

 3rd Bidder: _____ Bid Amount: _____ \$

Do you expect to be awarded the contract? Yes No

Comments: _____

PERFORMANCE & PAYMENT BOND INFORMATION

Contract Date: _____ Contract Amount: _____ \$

Performance Bond Amt: _____ % Payment Bond Amt: _____ % Number of Executed Sets: _____

 Please include a certificate of insurance with the bond: Yes (*attach requirements*) No

NOTE: Please attach a copy of the bid specs or contract. Failure may result in the delay of delivery of the bond.



Viking Bond Service, Inc.

22601 N. 19th Ave. Suite 210

Phoenix, AZ 85027

Toll Free: 888-2-SURETY

Local: 623-933-9334

Fax: 623-933-9376

www.performancesuretybonds.com

CONTRACTOR QUESTIONNAIRE

I. BUSINESS INFORMATION

Business name: _____

Contact name: _____ E-mail address: _____

Firm address: _____

Phone: _____ Fax: _____

Web site: _____

State of incorporation: _____ Year started: _____

Tax ID: _____ Is your firm union? ☐ Yes ☐ No ☐ Both

Contracting specialty: _____

LEED project experience: ☐ Yes Number of projects: _____ ☐ No Number of LEED Certified employees: _____

Geographic area(s) of operation: (Territory) _____

Type of business: ☐ C-Corp. ☐ Sub S. Corp. ☐ Part. ☐ Sole Prop. ☐ LLC ☐ LLP

Employees (# of): Office: _____ Field (min.): _____ to (max.): _____ Current total: _____

Affiliations: ☐ AGC ☐ ASA ☐ ABC ☐ CFMA Other: _____

Certifications: ☐ 8a ☐ HubZone ☐ SDVOSB Other: _____

II. OFFICER INFORMATION

List all Owners, Proprietors, Partners and Officers of the firm:

	a. Full legal name:	b. Percentage owned:	c. Date of birth:	d. Social Security Number:
	e. Position:	f. Since:	g. Home address:	
	h. Spouse legal name:		i. Spouse date of birth:	j. Spouse Social Security Number:
1	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
2	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
3	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
4	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
5	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____

Will all owners and their spouses provide full personal indemnification to the surety? ☐ Yes ☐ No (explain below)

Explain: _____

Is there a buy/sell agreement among the owners of the business? ☐ Yes ☐ No

Is this agreement funded by life insurance? ☐ Yes ☐ No

III. BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, failed to complete a contract, or caused a loss to a surety? **If yes, please attach explanation.** ☐ Yes ☐ No

Is your firm or any of its owners or officers currently involved in any litigation? **If yes, please attach explanation.** ☐ Yes ☐ No

Percentage of the firm's work for: Government Owners: _____% Private Owners: _____% Other Contractors: _____%

Trades you normally undertake with your own employees: ☐ None (*Paper GC*) ☐ _____

Percentage of the firm's work normally subcontracted to others: _____%

Trades you normally subcontract: _____

Sub bonding policy: _____

Preferred job size range: \$ _____ to \$ _____ Number of jobs at a time: _____

Largest cost to complete backlog: \$ _____ Year: _____ Number of jobs: _____

Largest job expected during the next year: _____

Largest backlog expected during the next year: _____

Expected annual volume this current fiscal year: _____ Next fiscal year: _____

Do you lease equipment? ☐ Yes ☐ No Type of lease: _____

Terms of the lease: _____

IV. FINANCIAL INFORMATION

Name of CPA Firm: _____ **Fiscal Year End:** _____

Contact name: _____ **E-mail:** _____

Company address: _____

Company phone: _____ **Fax:** _____ **Web Site:** _____

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

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

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

How often are internal financial statements prepared? ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

How are bills paid? ☐ Discounts taken as offered ☐ Prompt within payment terms ☐ Late, within _____ days of due

Any material troubled A/R? ☐ No ☐ Yes Explain: _____

Changes to the balance sheet since last fiscal year end: (contributions, distributions, loans, material asset buys or sells, financing, etc.) _____

Do you have a full time accountant on staff? ☐ Yes ☐ No Name: _____

Staff accountant professional designations: ☐ CPA ☐ CCIFP ☐ Other: _____

Accounting software: _____

Estimating software: _____

Job cost software: _____

V. BANK INFORMATION

Name of Bank: _____ **Address:** _____

Contact name: _____ **Phone:** _____ **E-mail:** _____

With this bank since: _____ Relationship currently includes: ☐ Deposit accounts ☐ Revolving line of credit ☐ Term loans

Line of credit (LOC) year opened: _____ Amount: \$ _____ Line expires: _____

LOC – ☐ Unsecured ☐ Secured By: _____

LOC – special terms or sublimits: _____

Other banks used and purpose: _____

VI. EXPERIENCE & REFERENCES

Previous bonding companies:

Name:

Dates:

Reason for leaving:

1			
2			
3			

Have you ever been turned down by a surety? ☐ Yes ☐ No If yes, why? _____

Largest completed contracts: (largest first)

	a. Job name:	b. City, State:	c. Contract price:	d. Gross profit:	e. Date completed:	f. Bonded?
	g. Contact name:	h. Firm:	i. Phone:	j. Fax:	k. E-mail:	
	l. Project description:					
1	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
2	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
3	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
4	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
5	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					

Major suppliers: (largest volume first)

	Name:	Products:	Phone:	Fax:	Contact name:	Last used:
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____

Major trade subcontractors (or contractors if you are a trade contractor): (largest volume first)

	Name:	Trade:	Phone:	Fax:	Contact name:	Last used:
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____

Specialty trade subcontractors:

	Name:	Trade:	Phone:	Fax:	Contact name:	Last used:
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____

VIII. KEY PERSONNEL

Additional key personnel:

	Name:	Designation(s):	Position:	Birth year:	This company:	Years experience Total:
1						
2						
3						
4						
5						

IX. LIFE INSURANCE INFORMATION

Life insurance in effect on officers or key personnel:

	Insured:	Beneficiary:	Death benefit:	Insurance company:
1				
2				
3				
4				

X. BUSINESS INSURANCE INFORMATION

Staff Risk Manager:		Designations:	<input type="checkbox"/> AFSB <input type="checkbox"/> CPCU <input type="checkbox"/> CRIS <input type="checkbox"/> Other:	
Insurance broker/agency:		City/ State:		
Agent's name:		E-mail:		
Phone:		Fax:		
Key expiration dates:				

XI. SUBSIDIARIES AND AFFILIATES

Subsidiaries and affiliates of the applicant firm:

	Firm name:	Ownership/relationship:	Type of business:	FEIN:	Cross/Corp. Indemnity?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:

XII. ATTACHMENTS

- ☐ Copies of the last three fiscal year end financial statements including work in progress & completed contract schedules
- ☐ Current interim financial statement and work in progress report if fiscal statement is over six months old
- ☐ Current personal financial statement for all indemnitors
- ☐ Bank Line of Credit Agreement
- ☐ Business Plan
- ☐ Federal Tax Returns
 - ☐ Company – years: _____
 - ☐ Personal – years: _____
- ☐ Buy/Sell Agreement
- ☐ Specimen copy of Subcontract Agreement
- ☐ Certificate(s) of Insurance (*all lines carried*)
- ☐ Resumes of owners/key employees
- ☐ Brochure and/or Letters of Recommendation about the accomplishments of your firm
- ☐ Other: please describe below under “Additional Remarks”:

Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Name of Firm: _____

Completed by: _____

Title:

Signature: _____ Date: _____

Additional Remarks:

[illegible]

Name and Address of Contractor								Uncompleted Contracts as of		
Contract Description and Location		Date		1	2	3	4	5	Completion	
		Started		Contract Price Including Approved Change Orders	Contractor's Estimated Cost At Time of Bid (1)	Total Amount Billed To Date Including Retainage (2)	Total Costs To Date	Revised Estimated Costs To Complete	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.			

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.

PERSONAL FINANCIAL STATEMENT

Use of company financial statement forms is not mandatory. They are made available as guides to the types of information needed. Signed statements on comparable bank forms, or on your accountants letterhead, are equally exceptable under most circumstances. Fiscal or year end statements are preferred. Schedules should be completed where they are meaningful. When in doubt, ask your agent about the company's specific requirements for the type of credit which you need.

Financial Statement of _____ SSN _____
 (Name)

 (Street Address, City, State, Zip)

FINANCIAL CONDITION AS OF _____,

ASSETS	AMT(S) ONLY	LIABILITIES	AMT(S) ONLY
Cash on Hand Cash in following banks (Name & Address): _____ _____		Notes Payable to Banks (Name & Address): _____ _____	
Stocks and Bonds Listed (Schedule 1) ----- Unlisted (Schedule 1) -----		Other Notes and Accounts Payable Real Estate Loans (Schedule 4) ----- Sales Contracts & Sec. Agreements (Schedule 5) --- Loans on Life Insurance (Schedule 6) -----	
Real Estate Improved (Schedule 4) ----- Unimproved (Schedule 4) ----- Trust Deeds & Mortgages (Schedule 3) -----		Taxes Payable Current Year Income Taxes Unpaid ----- Prior Year Income Taxes Unpaid ----- Real Estate Taxes Unpaid -----	
Life Insurance Cash Surrender Value (Schedule 6) -----		Other Liabilities Unpaid Interest ----- Other (Itemized) -----	
Accounts & Notes Receivable Relatives and Friends (Schedule 2/3)----- Other (Schedule 2/3) ----- Doubtful (Schedule 2/3) -----			
Other Personal Property Automobile (Schedule 5) ----- Other (Itemized, Schedule 5) -----		TOTAL LIABILITIES:	
		NET WORTH:	
TOTAL ASSETS:		TOTAL LIABILITIES & NET WORTH:	
ANNUAL INCOME		ANNUAL EXPENDITURES	
Salary or Wages -----		Professional Taxes & Assessments -----	
Dividends and Interest -----		Federal & State Income Taxes -----	
Rentals (Gross) -----		Real Estate Loan Payments -----	
Business or Professoinal Income (Net)-----		Payments on Contracts & Other Notes ---	
Other Income (Describe) -----		Insurance Premiums -----	
		Estimated Living Expenses -----	
		Other -----	
TOTAL INCOME:		TOTAL INCOME:	

To assist the Surety in its evaluation of the above Statement, I hereby certify that all material facts relating to the following conditionss are set forth in the attached exhibit(s)

incorporated herein by reference: Contingent liabilities as indorser, co-maker or guarantor \$ _____

Contingent liabilities on leases or contracts \$ _____; pledge or hypothecation of assets \$ _____;

Legal Claims \$ _____; Tax Liens \$ _____

(S) _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If Any Pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value
TOTAL:				\$

2. ACCOUNTS RECEIVABLE

Name and Address (City and Street) From Whom Due	For What is Due	When Sold	When Due	Amount
TOTAL:				\$

3. NOTES RECEIVABLE

Name and Address (Street and City) for Whom Due	For What Due	How Secure	Date	Maturity	Amount
TOTAL:					\$

4. REAL ESTATE

Description of Property	Title in name of	Market Value	Cost	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL:			\$	\$	\$	\$

5. EQUIPMENT

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
TOTAL:			\$	\$	\$

6. LIFE INSURANCE – CASH VALUE

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

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement.

Date: _____

SIGNATURE: _____

Job Cost Breakdown

Date: _____

Contractor (Applicant): _____

Project Name: _____

Please complete the following information that refers to the above project.

Subcontractor	Type of Trade or Services	Subcontract Amount

Total to be Subcontracted: \$ _____

Your Labor Cost – For work you are actually doing: \$ _____

Your Material Cost – For work you are actually doing: \$ _____

Your Equipment Costs: \$ _____

Other Costs (Please Explain): \$ _____

Overhead: \$ _____

Profit: \$ _____

Total should be the same as your contract amount: \$ _____

Signed by: _____ Title: _____



CREDIT CONSENT FORM

Owner # 1

Name: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Position/Title: _____ % of Ownership: _____
Spouses Name: _____ SSN: _____

Owner # 2

Name: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Position/Title: _____ % of Ownership: _____
Spouses Name: _____ SSN: _____

Owner # 3

Name: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Position/Title: _____ % of Ownership: _____
Spouses Name: _____ SSN: _____

AGREEMENT

Each of the undersigned hereby affirms that the foregoing statements made are answers given are the truth and are made to induce Surety to execute or procure the execution of any and all of the bonds described herein and any extensions, modifications, or the renewal thereof, addition thereto, or substitution therefore. Each of the undersigned further affirms that he/she understands the bonds applied for are a credit relationship and hereby authorizes Surety, its agent, or agent's agent to gather such credit information that it considers necessary and appropriate to evaluate whether such credit should be granted. IN CONSIDERATION of the execution of such bonds, the undersigned hereby, jointly and severally agree, for themselves, their personal representatives, successors and assigns as follows:

1. This is no way to be construed as a promise to provide bonding or insurance.
2. A credit inquiry by VIKING BOND SERVICE, INC. and/or Surety (to include HCC Surety Group) may appear on the credit report or reports of any applicants or owners indicated to be holding ten (10) percent or more of stock in the company or entity for which bonding is being applied for.
3. VIKING BOND SERVICE, INC. will assume that the officer or applicant signing below represents the company or entity requesting bonding, its stockholders holding ten (10) percent or more of stock, and will make credit inquiries accordingly.
4. Whenever used in this instrument, the plural term shall include the singular and the singular shall include the plural, as the circumstances require. If any portion of this Agreement is construed to conflict with any law applicable hereto, such portion of this instrument shall be considered to be deleted and the remainder shall continue in full force and effect.

SIGNED THIS _____ DAY OF _____, 20_____.

X _____ TITLE _____ X _____ (SPOUSE)

X _____ TITLE _____ X _____ (SPOUSE)

X _____ TITLE _____ X _____ (SPOUSE)