|  |  |
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|  | **Kotula Group****220 N Green Street****Chicago, IL 60607****(312) 895-4565** |
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| BUSINESS INFORMATION |
| Name of Firm: |       |
| Contact Name: |       | E-mail Address: |       |
| Firm Address: |       |
|  |       |
| Phone: |              |  | Fax: |              |
| Web Site: | http://      |
| State of Incorporation: |       |  | Year Started: |      |  |
| Tax ID: |       | Is your firm union? | [ ]  Yes [ ]  No |
| Contracting Specialty: |       |
| Geographic Area(s) of Operation: |       |
| Type of Business | [ ]  C-Corp. [ ]  Sub S. Corp. [ ]  Part. [ ]  Prop. [ ]  LLC |
|  |
| OFFICER INFORMATION |
| *List the corporate officers, partners, or proprietors of your firm:* |
| Legal Name | Date of Birth | SSN | Legal Name of Spouse | Spouse SSN |
| 1.       |  |   /  /   |  |       |  |       |  |       |  |
| Position: |       | Percent Owned: |     | Home Address: |       |
| 2.       |  |   /  /   |  |       |  |       |  |       |  |
| Position: |       | Percent Owned: |     | Home Address: |       |
| 3.       |  |   /  /   |  |       |  |       |  |       |  |
| Position: |       | Percent Owned: |     | Home Address: |       |
| 4.       |  |   /  /   |  |       |  |       |  |       |  |
| Position: |       | Percent Owned: |     | Home Address: |       |
| 5.       |  |   /  /   |  |       |  |       |  |       |  |
| Position: |       | Percent Owned: |     | Home Address: |       |
|  |
| Will the above individuals and spouses personally indemnify Surety? | [ ]  Yes [ ]  No (*explain below*) |
| If No, explain: |       |
| Is there a buy/sell agreement among the owners of the business? | [ ]  Yes [ ]  No |
| Is this agreement funded by life insurance? | [ ]  Yes [ ]  No |

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| BUSINESS DETAILS |
| 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? If so, please attach explanation. | [ ]  Yes [ ]  No |
| Is your firm or any of its owners or officers currently involved in any litigation? If so, please attach explanation. | [ ]  Yes [ ]  No |
| What percentage of the firm’s work is normally for*:* | Government Agencies |     | Private Owners |     |
| What trades do you normally undertake with your own forces? |       |
| What percentage of the firm’s work is normally subcontracted to others? |     |  |  |
| What trades do you normally subcontract? |       |
| What is your sub bonding policy? |       |
| What was your largest uncompleted backlog? | Amount:  | $      | Year: |       |
| What is the largest job you expect to do during the next year? |       |
| What is the largest backlog expected next year? |       |
| What is your expected annual volume? |       |
| Do you lease equipment? | [ ]  Yes [ ]  No | Type of lease: |       |
| What are the terms of the lease? |       |
|  |
| FINANCIAL INFORMATION |
| **Name of CPA Firm:** |       | Fiscal Year End: |       |
| Contact Name: |       | E-mail: |       |
| Company Address: |       |
| Company Phone: |              | Fax: |              |
| 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 |
| Do you have a full time accountant on staff? | [ ]  Yes [ ]  No | Professional designations: |       |
| What accounting software do you use? |       |
| What estimating software do you use? |       |
| What job cost software do you use? |       |
| Name of Bank: |       | Address: |       |
| Contact Name: |       | Phone: |              |
| Line of Credit: | $      | Expiration: |    /    /    |

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| --- |
| EXPERIENCE & REFERENCES |
| *Previous Bonding Companies:* |
| Name: |  | Reason for Leaving: |
| 1.       |  |       |
| 2.       |  |       |
| 3.       |  |       |
|  |
| *List five of your largest contracts:* |
| Job Name: | Contract Price: | Gross Profit: | Completion Date: | Bonded? |
| 1.       |  |       |  |       |  |    /    /    |  | [ ]  Yes [ ]  No |
| Contact: |       | Phone/Fax Numbers: | p:              f:              |
| 2.       |  |       |  |       |  |    /    /    |  | [ ]  Yes [ ]  No |
| Contact: |       | Phone/Fax Numbers: | p:              f:              |
| 3.       |  |       |  |       |  |    /    /    |  | [ ]  Yes [ ]  No |
| Contact: |       | Phone/Fax Numbers: | p:              f:              |
| 4.       |  |       |  |       |  |    /    /    |  | [ ]  Yes [ ]  No |
| Contact: |       | Phone/Fax Numbers: | p:              f:              |
| 5.       |  |       |  |       |  |    /    /    |  | [ ]  Yes [ ]  No |
| Contact: |       | Phone/Fax Numbers: | p:              f:              |
|  |
| *List five of your major suppliers:* |
| Name | Phone/Fax Numbers | Contact |
| 1.       |  | p:              f:              |  |       |
| 2.       |  | p:              f:              |  |       |
| 3.       |  | p:              f:              |  |       |
| 4.       |  | p:              f:              |  |       |
| 5.       |  | p:              f:              |  |       |
|  |
| *List five subcontractors (or contractors if you are a subcontractor) that you do business with:* |
| Name | Phone/Fax Numbers | Contact |
| 1.       |  | p:              f:              |  |       |
| 2.       |  | p:              f:              |  |       |
| 3.       |  | p:              f:              |  |       |
| 4.       |  | p:              f:              |  |       |
| 5.       |  | p:              f:              |  |       |
|  |
| *List three specialty trades you have done business with:* |
| Name | Phone/Fax Numbers | Contact |
| 1.      |  | p:              f:              |  |       |
| 2.      |  | p:              f:              |  |       |
| 3.      |  | p:              f:              |  |       |

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| KEY PERSONNEL |
| *List additional personnel key to your operations:* |
| Name | Position | Birth Year | Yrs. Experience |
| 1.       |  |       |  |      |  |    |
| 2.       |  |       |  |      |  |    |
| 3.       |  |       |  |      |  |    |
| 4.       |  |       |  |      |  |    |
| 5.       |  |       |  |      |  |    |
|  |
| LIFE INSURANCE INFORMATION |
| *List any life insurance in effect on officers or key personnel:* |
| Name | Beneficiary | Amount | Insurance Company |
| 1.       |  |       |  | $      |  |       |
| 2.       |  |       |  | $      |  |       |
| 3.       |  |       |  | $      |  |       |
| 4.       |  |       |  | $      |  |       |
| INSURANCE INFORMATION |
| BUSINESS INSURANCE INFORMATION |
| *Provide information on your business insurance:* |
| Name of insurance broker/agency? |       |
| Agent’s Name: |       | E-mail: |       |
| Fax: |              | Phone: |              |
|  |
| SUBSIDIARIES AND AFFILIATES |
| *List any subsidiaries and affiliates of the contracting firm:* |
| Firm Name | Ownership | Type of Business | Cross/Corp. Indemnity? |
| 1.       |  |       |  |       | [ ]  Yes [ ]  No |
| 2.       |  |       |  |       | [ ]  Yes [ ]  No |
| 3.       |  |       |  |       | [ ]  Yes [ ]  No |
| 4.       |  |       |  |       | [ ]  Yes [ ]  No |
| 5.       |  |       |  |       | [ ]  Yes [ ]  No |
|  |
| Remarks: |       |

**Attachments:**

[ ]  Copies of the last three fiscal 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 financial statement for all indemnitors

[ ]  Bank Line of Credit Agreement

[ ]  Business Plan

[ ]  Buy/Sell Agreement

[ ]  Specimen Copy of Subcontract Agreement

[ ]  Certificate of Insurance

[ ]  Resumes of Owners/Key Employees

[ ]  Brochure and/or Letters of Recommendation about the accomplishments of your firm

[ ]  Other: please describe below:

**Applicant(s) hereby authorize the Surety to make such pertinent inquiry as may be necessary from 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: