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Nashville, TN 37220
Contract & Commercial Surety Bonds
(615) 321-9700
Toll Free: 1-877-992-6637
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APPLICATION FOR CONTRACTOR BOND

(1) Name of Firm _____ Federal I.D. Number _____
Contact: _____
Business Address: _____
Physical Address _____
Phone: (_____) _____ Fax: (_____) _____

(2) Firm History

What kind of work do you do? _____
Area of Operation _____
Year Business Started: _____ If Incorporated, State and/ Year: _____
Type of Business (Check One): Sole Proprietorship _____ Corporation _____
Partnership/ LLC _____ S-Corporation _____
Fiscal Year End: _____

Ownership/Management (Provide the information below on all Owners, Partners or Corporate Officers of your firm.)

a. Name: _____
Title: _____ Percent Owned: _____ Date of Birth: _____
Social Security Number: _____ Name of Spouse _____
b. Name: _____
Title: _____ Percent Owned: _____ Date of Birth: _____
Social Security Number: _____ Name of Spouse _____
c. Name: _____
Title: _____ Percent Owned: _____ Date of Birth: _____
Social Security Number: _____ Name of Spouse _____
d. Name: _____
Title: _____ Percent Owned: _____ Date of Birth: _____
Social Security Number: _____ Name of Spouse _____

Subsidiaries and Affiliates: (Attach additional sheet if necessary)

Firm Name: _____

Relationship to Applicant: _____

Type of Business: _____

Is the firm union?

YES : _____ NO: _____ (check one)

Has the firm, any owner, or officer been adjudged bankruptcy in the last seven years?

YES: _____ NO: _____ (check one) If YES, attached specifics.

Is the firm or any of its owners or officers currently involved in any litigation?

YES: _____ NO: _____ (check one) If YES, attached specifics.

Has any owner or officer been convicted of a felony?

YES: _____ NO: _____ (check one) If YES, attached specifics.

Is there a buy/sell agreement among the owners of the business?

YES: : _____ NO: _____ (check one) If YES, attach copy.

Is the buy/sell agreement funded by life insurance?

YES: _____ NO: _____ (check one)

Previous Bonding Companies:

a. Name: _____ Phone Number: _____

Reason for Leaving: _____

b. Name: _____ Phone Number: _____

Reason for Leaving: _____

Have you ever had a bond request denied? (check one) YES: _____ NO: _____

If YES, please attach specifics.

3. Financial Data:

Do you have a full-time accountant on staff? (check one) YES: _____ NO: _____

How often are financial statements prepared? (check one)

Annually: _____ Semi-Annually: _____ Quarterly: _____ Monthly: _____

On what basis are financial statements prepared? (check one)

Cash: _____ Completed Job: _____ Accrual: _____ Percent of Completion: _____

On what basis are taxes paid? (check one)

Cash: _____ Completed Job: _____ Accrual: _____ Percent of Completion: _____

Are taxes current? (check one) YES: _____ NO: _____ If NO, please attach specifics.

Name of Your Bank: _____

Contact: _____ Phone Number: (_____) _____

Address: _____

Do you have an established Line of Credit? (circle one) YES NO

If YES, attach specifics

Type of Cost Accounting Used (i.e. Peachtree, Timberline, checkbook, etc.) _____

4. Work Profile: What percentage of the firm's work is for: Government _____% Private _____%

What trades do you normally undertake with your own forces? _____

What is your expected dollar volume next year? \$ _____

What is the largest uncompleted work program expected during the next year? \$ _____

What was the largest job you have ever completed? \$ _____

What has been your largest previous bonded job? \$ _____ Year _____

What is the largest amount of uncompleted work on hand at one time in the past three-(3) years?

\$ _____

Has the firm had major disputes or ever failed to complete a job on schedule? (circle one)

YES NO If YES, please attach specifics.

Are there any liens, judgments, lawsuits, or claims pending on completed or uncompleted work?

(circle one) YES NO If YES, please attach specifics.

Largest Contracts Completed Within Past Five (5) Years

a. Job Name: _____ Contract Price: \$ _____

Owner: _____

Contact: _____ Phone Number: _____

Bonded? _____ Completion Date: _____ Gross Profit: \$ _____

b. Job Name: _____ Contract Price: \$ _____

Owner: _____

Contact: _____ Phone Number: _____

Bonded? _____ Completion Date: _____ Gross Profit: \$ _____

c. Job Name: _____ Contract Price: \$ _____

Owner: _____

Contact: _____ Phone Number: _____

Bonded? _____ Completion Date: _____ Gross Profit: \$ _____

List three (3) Subcontractors (or Contractors if you are a Subcontractor) who you do business with.

- a. Name: _____ Phone Number: _____
Address: _____
Contact: _____ Job _____
- b. Name: _____ Phone Number: _____
Address: _____
Contact: _____ Job _____
- c. Name: _____ Phone Number: _____
Address: _____
Contact: _____ Job _____

List three (3) Major Suppliers you do business with:

- a. Name: _____ Phone Number: _____
Address: _____
Contact: _____ Job _____
- b. Name: _____ Phone Number: _____
Address: _____
Contact: _____ Job _____
- c. Name: _____ Phone Number: _____
Address: _____
Contact: _____ Job _____

This application consists of this instrument, the financial statement, and all indemnity, security, and trust agreements signed by the applicant with regard to the bond or bonds hereby requested, such financial statement and agreements being incorporated herein by reference.

In addition to routine verification of information pertinent to the bond applied for, if the application is by an individual primarily for personal purposes, or, if the application is for a bond primarily for the benefit of a corporation and the said application be also executed for the officers of the Corporation in a personal not a corporate capacity thereby acting as a CO-guarantor thereof, Surety may have an investigative consumer report made including information bearing on the character, general reputation, personal characteristics or mode of living of said individuals(s), and, upon written request of said individual(s) will disclose in writing the nature and scope of the investigation requested, if such investigative consumer report is in fact secured.

In addition to the information contained in this application as well as the terms and conditions thereof, applicant acknowledges that he has been advised that surety may, as additional collateral, require life insurance on the principal or key employees with surety named as beneficiary. In case of death, said collateral shall be used to indemnify surety against loss or expenses. If said collateral shall be required, applicant agrees to provide same at issuance of bond or if unable to so provide, applicant agrees that surety may secure same at applicants expense.

The representations contained in this instrument and in the financial statement are warranted by the applicant to be true. Such representations are made as material inducements to be relied upon by Surety in issuing the bond or bonds hereby requested.

DATED SIGNED: _____ X _____

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Information Required For Preparation
of General Indemnity Agreement**

"THIS IS NOT AN INDEMNITY AGREEMENT"

Legal Name of Company
(As it will appear on Contracts) **Sole Proprietor's Name (if proprietor)**

Corporation President (if corporation) **Partner's Name (if partnership)**

Corporation Secretary (if corporation) **Partner's Name (if partnership)**

PRINCIPAL(S)

Individual Indemnitor **Spouse**

Social Security Number **Social Security Number**

Home Address (street, city, state, and zip code) **Home Address (street, city, state, and zip code)**

Home Phone (including area code) **Home Phone (including area code)**

Individual Indemnitor **Spouse**

Social Security Number **Social Security Number**

Home Address (street, city, state, and zip code) **Home Address (street, city, state, and zip code)**

Home Phone (including area code) **Home Phone (including area code)**

If additional space is needed, please use a separate sheet of paper and follow the same format to report requested information.