



# Standard Contract Surety

Capacity up to \$40,000,000 for well qualified accounts.

Submissions should include:

- Contractor Questionnaire
- Most recent 3 fiscal year- end CPA prepared business financial statements
- Current personal financial statements from all owners
- Current Work on Hand form
- Most recent business and all owners income tax returns
- For specific bond requests, a copy of the bid specifications or the contract to be bonded

We strongly encourage you to contact your local contract surety underwriter for additional details or clarifications.

The contractor, the owners and their spouses will be required to properly complete our General Indemnity Agreement.



# Contractor's Profile

**RLI Insurance Company**  
**Contractors Bonding and Insurance Company**

Name of Firm: \_\_\_\_\_

Contracting Specialty: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

### TAX REPORTING METHOD

- Sub Chapter S                       Partnership                       Proprietorship  
 Corporation                       Limited Partnership                       Limited Liability Company

Date Business Started: \_\_\_\_\_ Tax I.D. Number: \_\_\_\_\_

Name of Prior Business (if applicable): \_\_\_\_\_

### INSURANCE

Liability Insurance Carrier: \_\_\_\_\_ Agent: \_\_\_\_\_

### OFFICER INFORMATION

<b>OFFICER (1)</b>	Legal Name	Social Security No.	Cell Phone No.	Percentage of Ownership
Email Address		Title and Responsibility		
Spouse's Name (check here <input type="checkbox"/> if not married)		Spouse's Social Security No.		
<b>OFFICER (2)</b>	Legal Name	Social Security No.	Cell Phone No.	Percentage of Ownership
Email Address		Title and Responsibility		
Spouse's Name (check here <input type="checkbox"/> if not married)		Spouse's Social Security No.		
<b>OFFICER (3)</b>	Legal Name	Social Security No.	Cell Phone No.	Percentage of Ownership
Email Address		Title and Responsibility		
Spouse's Name (check here <input type="checkbox"/> if not married)		Spouse's Social Security No.		
<b>OFFICER (4)</b>	Legal Name	Social Security No.	Cell Phone No.	Percentage of Ownership
Email Address		Title and Responsibility		
Spouse's Name (check here <input type="checkbox"/> if not married)		Spouse's Social Security No.		

Is the full indemnity of owners and spouses available?     Yes     No

If no, please explain: \_\_\_\_\_

**KEY PERSONNEL**

Name	Position	Age	Experience

**AFFILIATES**

List of Affiliated, Subsidiary, or Related companies in which this firm or its stockholders have an interest.

Name	Tax I.D. Number	% Ownership	Scope of Operations

**GENERAL INFORMATION**

Percent of work sub-let? \_\_\_\_\_

Policy on managing Subcontractors:      Bonds:     Yes     No      Joint Check:     Yes     No

Other: \_\_\_\_\_

Have you been, or do you intend to become involved in real estate development, design/build work, turnkey projects or speculative building?     Yes     No      If so, please attach full explanation.

Territory of operations: \_\_\_\_\_

Is your firm union?     Yes     No

Has the company or any officer, owner or partner ever declared bankruptcy?     Yes     No  
If yes, give details: \_\_\_\_\_

Is your firm or any of its officers currently involved in litigation?     Yes     No  
If yes, give details: \_\_\_\_\_

In regards to contractor's equipment:

Is equipment adequate for work program desired?     Yes     No

If not, what expenditures are anticipated? \_\_\_\_\_

Is the equipment owned or leased? \_\_\_\_\_

**PRIOR SURETY**

Name	Reason for Leaving

**PRIOR EXPERIENCE/LARGEST JOBS**

List four of your largest contracts.

Owner Name, Contact Information & Email Address	Description and Location of Job	Arch/Engineer Contact Information	Contract Price	Profit	Year Done

What dollar size jobs do you feel best able to handle? \_\_\_\_\_

What is the largest dollar amount of uncompleted work on hand you have ever had at one time? \_\_\_\_\_  
Year? \_\_\_\_\_

Bonding Capacity Desired: Single Job Size: \_\_\_\_\_ Aggregate Work Program: \_\_\_\_\_

**SUPPLIER/REFERENCES**

Do you pay your bills:  within 30 days  within 60 days  over 60 days

Name six (6) suppliers from which you buy most of your materials

	Name	Address, City, State, Zip Code	E-mail or Fax Number
1.			
2.			
3.			
4.			
5.			
6.			

\*Are there any claims or disputes with any of your suppliers? If yes, attach details.  Yes  No

**BANKING**

At which bank(s) have you established a formal line of credit? (attach copy)

Bank	Address	Line Amount	Collateral

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**CONTINUITY**

Insured	Amount	Beneficiary	Type-Whole Life, Term, Etc.

Is there a buy-sell agreement in effect?  Yes If so, how is it funded? (Please provide a copy).  
 No If not, attach a full explanation of continuity arrangements.

Are there any trust agreements in effect which now hold, or will hold at some future date, any of the company stock or assets?  
 Yes (if so, please attach a copy)  No

Are there any trust agreements in effect that hold or will hold personal assets?  
 Yes (if so, please attach a copy)  No

**ACCOUNTING**

Name of accounting firm: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Associate handling your account: \_\_\_\_\_ May we contact him/her?  Yes  No

Number of years this firm has prepared financial statements: \_\_\_\_\_ Tax returns: \_\_\_\_\_

Fiscal year end: \_\_\_\_\_ Are taxes, both company and personal current?  Yes  No

Basis of preparation of Statements:  
 Cash  Completed Contract  Simple Accrual  % of Completion

Basis of preparation of Tax Payments:  
 Cash  Completed Contract  Simple Accrual  % of Completion

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

What accounting software do you use? \_\_\_\_\_

**The above answers are true to the best of my knowledge and belief. I hereby expressly authorize RLI/CBIC to make pertinent inquiries as may be necessary from financial institutions, credit bureaus, persons, firms, and corporations.**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_



# Work-On-Hand Schedule

Contractor's Name: \_\_\_\_\_

Contracts In Progress Date: \_\_\_\_\_

Contract Description and Location	Contract Price Including Approved Change Orders	*Total Amount Billed To Date Including Retainage	Total Costs To Date	Revised Estimated Costs to Complete	Est. Completion Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

## Contracts Completed During the Last Fiscal Year Or Since Last Status of Contracts Report

Contract Description and Location	Final Contract Price	Total Cost	Gross Profit or Loss
1.			
2.			
3.			
4.			
5.			
6.			
7.			

\*Do not include "claims" or "disputed items." If desired, attach an explanation.

This information prepared

By: \_\_\_\_\_

Date: \_\_\_\_\_

<b>AGENT/BROKER INFORMATION</b>	Agent/Broker Name	Agency Code	Phone No.	Fax No.	City	State
	<b>AGENT'S RECOMMENDATION</b> <input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.					

**NOTE:** This sample letter must be supplied to your banker. This outline must be followed and all current balances and average balances must be indicated in actual dollar amounts. Should your banker have any questions please have him/her contact your agency.

## **SAMPLE BANK LETTER**

### **Bank Letterhead**

Date \_\_\_\_\_

RLI Insurance Company/Contractors Bonding and Insurance Company  
9025 N. Lindbergh Drive  
Peoria, IL 61615

RE: BANK RELATIONS / MR. JOHN DOE AND ABC CONSTRUCTION COMPANY

Mr. John Doe originally opened his accounts with this institution on \_\_\_\_\_ and maintains the following account:

Business Checking Account: Acct. #0000000-01; Current Balance = \$ \_\_\_\_\_, 6 Mo. Avg. Bal. = \$ \_\_\_\_\_

Business Checking Account: Acct. #0000000-02; Current Balance = \$ \_\_\_\_\_, 6 Mo. Avg. Bal. = \$ \_\_\_\_\_

Personal Checking Account: Acct. #0000000-03; Current Balance = \$ \_\_\_\_\_, 6 Mo. Avg. Bal. = \$ \_\_\_\_\_

Personal Savings Account: Acct. #1000000-01; Current Balance = \$ \_\_\_\_\_, 6 Mo. Avg. Bal. = \$ \_\_\_\_\_

Certificate of Deposit in the name of \_\_\_\_\_ No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Term: \_\_\_\_\_; Opened: \_\_\_\_\_; Matures: \_\_\_\_\_; Automatically Renewable: Yes \_\_\_ No \_\_\_

Mr. Doe also maintains a Revolving Line of Credit in the name of ABC Construction Company for working capital.

Amount: \$ \_\_\_\_\_; Opened: \_\_\_\_\_; Expiration: \_\_\_\_\_;

Security: \_\_\_\_\_

Terms: \_\_\_\_\_ Current Amt. Outstanding: \$ \_\_\_\_\_

Very truly yours,

By: \_\_\_\_\_ (Bank Officer)

\_\_\_\_\_  
(Typed Name and Title)





**SCHEDULE A - U.S. GOVERNMENTS & MARKETABLE SECURITIES**

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

**SCHEDULE B - NON-MARKETABLE SECURITIES**

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

**SCHEDULE C - PARTIAL INTERESTS IN REAL ESTATE EQUITIES**

Address & Type of Property	Title In Name Of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

**SCHEDULE D - REAL ESTATE OWNED**

Address & Type Of Property	Title In Name Of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

**SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE**

Name Of Insurance Company	Owner Of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

**SCHEDULE F - BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED**

Name & Address Of Lender	Credit In The Name Of	Secured Or Unsecured?	Original Date	High Credit	Current Balance

The undersigned hereby certifies that the list of assets and liabilities given herein is a true and correct statement of the financial condition on the date given above and that the depositories are hereby authorized to confirm any inquiry made by \_\_\_\_\_ or its representatives as to any statement made herein relative to monies on deposit or loans made.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**X** \_\_\_\_\_  
(Sign here)

**X** \_\_\_\_\_  
(Sign here)



# Specific Bond Request Bid Bond

<b>Agent</b>		<b>Agent Code</b>
<b>Address</b>		
<b>Phone</b>	<b>Date Requested</b>	
<b>Contractor</b>		
<b>Contractor Address</b>		
<b>Obligee</b>		
<b>Obligee Address</b>		
<b>Architect/Engineer (if sub, put general)</b>		
<b>Architect's/Engineer's</b>		
<b>Bid Date</b>		
<b>Invitation No. (federal)</b>		
<b>Estimated Contract Amount</b>		
<b>Percent Bid Bond Required</b>		
<b>Job Description (including location)</b>		
<b>Date Work Is To Begin</b>		
<b>Estimated Completion Date</b>		
<b>Penalty Clause</b>		
<b>How Payments Are To Be Made</b>		
<b>Liquidated Damages</b>		
<b>Warranty</b>		

### Subcontractors

(If any work is subbed out, list below; if none, so state)

Name	Trade	Phone	% of Contract	Bonded?



# Specific Bond Request Performance & Payment Bond

<b>Agent</b>	<b>Agent Code</b>
<b>Address</b>	
<b>Phone</b>	<b>Date Requested</b>
<b>Contractor</b>	
<b>Contractor Address</b>	
<b>Obligee</b>	
<b>Obligee Address</b>	
<b>Architect/Engineer (if sub, put general)</b>	
<b>Architect's/Engineer's Address</b>	
<b>Contract Amount</b>	
<b>Job Description (including location)</b>	
<b>Start Date</b>	
<b>Estimated Completion Date</b>	
<b>Penalty Clause</b>	
<b>How Payments Are To Be Made</b>	
<b>Liquidated Damages</b>	
<b>Warranty</b>	

### Subcontractors

(If any work is subbed out, list below; if none, so state)

Name and Address	Trade	Phone	% of Contract	Bonded?

### BID Results

	Name	Bid
<b>Low</b>		
<b>2nd</b>		
<b>3rd</b>		
<b>High</b>		