



**AGS SURETY.COM**  
INSURANCE AND BONDING

6955 N. Durango Dr. Ste. 1115-339, Las Vegas, NV 89149-  
AGSASSURETY@GMAIL.COM-PH:206.919.2149

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

**CONTRACTORS QUALIFICATION QUESTIONNAIRE**  
**ORGANIZATION AND BACKGROUND**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Fed. I.D. # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

- (   ) Individual  
(   ) Partnership  
(   ) Corporation

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

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

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:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Public Bldgs. | <input type="checkbox"/> Excavation   | <input type="checkbox"/> Plumbing          |
| <input type="checkbox"/> Commercial    | <input type="checkbox"/> Water System | <input type="checkbox"/> Heating/Air Cond. |
| <input type="checkbox"/> Highways      | <input type="checkbox"/> Sewers       | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Bridges       | <input type="checkbox"/> Electrical   | _____                                      |

B. Geographical Areas of Operation

\_\_\_\_\_

\_\_\_\_\_

- C. Percentage of work usually done as a 1. Prime \_\_\_\_\_% 2. Sub \_\_\_\_\_%
- D. How much of an average job is Sublet? \_\_\_\_\_%  
Type of work sublet \_\_\_\_\_

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.) perform 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**

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:  
A. Accounts receivable  Yes  No  
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. Surety is authorized to investigate, at any time, the Undersigned's credit, employment history, and department of motor vehicle records.

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

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

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

\_\_\_\_\_  
WITNESS

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

Name and Address of Contractor Uncompleted as of

Contract Description and Location	Date		1	2	3	4
	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
	Mo.	Yr.				
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>TOTALS</b>						

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 contract plus cost of approved to
- 2. Do not include desired, att

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.



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

**ALL OF THE INFORMATION NEEDS TO BE COMPLETED ON THIS FORM**

P.O. Box 751883, Las Vegas, NV 89136 Ph: (800) 223.0370 ~ Fax: (800) 355.6596



**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 Indemnitator, 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 receivable (Schedule 2) . . . . .		Accounts payable . . . . .	
Notes receivable (Schedule 3) . . . . .		Current portion of long term debt . . . . .	
Other current assets (Schedule 6)		Other current liabilities (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 \_\_\_\_\_.