



## HOMETOWN CONTRACTOR BOND PROGRAM

The information requested in this questionnaire is required for us to consider you company for bonding. We request that you answer all of the questions so that we will properly understand your business and that we will not have to delay your application waiting for complete information. When you have completed and signed the application, return it with the following:

### COMPANY AND OWNER INFORMATION

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX#: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Business EIN# \_\_\_\_\_

Please Check One:  Corporation  Partnership  Proprietorship  LLC SIC Code: \_\_\_\_\_

What is the date the company was established? \_\_\_\_\_ Date Incorporated? \_\_\_\_\_

OWNERSHIP INFORMATION: (Please give full names with middle initial of you and your spouse)

<u>Legal Full Name of Owner(s)</u>	<u>S.S.#</u>	<u>Home Address</u> <u>Street, City, State, Zip</u>	<u>% of</u> <u>Ownership</u>	<u>S _ M _ W _ D _</u> <u>Legally Separated _____</u> <u>Legal Full Name of Spouse</u>

If this Company is a Corporation, please list the Officers:

President \_\_\_\_\_ Secretary \_\_\_\_\_

Vice President \_\_\_\_\_ Treasurer \_\_\_\_\_

### RELEASE

This release must be signed on behalf of your company and by each owner. It will be sent to any person or company who requests verification of your consent for us to receive credit or reference information.

The undersigned hereby grants permission for any individual, company or organization to release credit consistent with the Fair Credit Reporting Act and/or reference information to Colonial Surety Company for their consideration of this Company and/or its owners for bonding.

\_\_\_\_\_  
Company Consent                      Date

\_\_\_\_\_  
Owner/Spouse Consent              Date

\_\_\_\_\_  
Owner/Spouse Consent              Date

\_\_\_\_\_  
Owner/Spouse Consent              Date

**BOND INFORMATION**

1. What bond single limits are you applying for \$ \_\_\_\_\_
2. What aggregate limits are you applying for \$ \_\_\_\_\_
3. What is your uncompleted Work on Hand \$ \_\_\_\_\_
4. Do you need a bid bond now  Yes  No

If so, what is the Name of the Project \_\_\_\_\_

Location of the Project \_\_\_\_\_

What is the contract price \$ \_\_\_\_\_ What is the engineers estimate \$ \_\_\_\_\_

What is your Bid bond estimate \$ \_\_\_\_\_

5. Do you need a Performance bond now  Yes  No

If so, Name of Project \_\_\_\_\_

Location \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_ Contract Date \_\_\_\_\_

Engineer's Estimate \$ \_\_\_\_\_ Your Contract Amount \$ \_\_\_\_\_

Name of Second Bidder \_\_\_\_\_ Second Bidder Amount \$ \_\_\_\_\_

Name of Third Bidders \_\_\_\_\_ Third Bidder Amount \$ \_\_\_\_\_

**Please submit a copy of the Contract.**

**OPERATIONS INFORMATION**

1. What was the largest contract that you completed in the last 2 years \$ \_\_\_\_\_
2. What kind of work do you do \_\_\_\_\_
3. What is the territory of your operations \_\_\_\_\_
4. Who does the estimating for your company \_\_\_\_\_

**SUPPLEMENTAL INFORMATION**

Please attach an explanation for any **Yes** answers:

1. Are there any judgments, suits, claims, tax liens, or other liens against this company, or any prior owned company(s), or any owner or spouse?..... No  Yes
2. Is the company or any owner or spouse acting as surety or indemnitor for anyone?..... No  Yes
3. Has the company or any owner or spouse ever failed in business or compromised with any creditor?..... No  Yes
4. Has the company, or any prior owned company(s), or any owner or spouse ever defaulted on a contract?..... No  Yes
5. Has any owner or spouse ever file for personal or business bankruptcy?..... No  Yes
6. Has any surety ever paid a claim on any bond for this company, or any prior owned company(s) or for any owner or spouse? ..... No  Yes, If so please explain \_\_\_\_\_  
\_\_\_\_\_
7. Has the surety ever incurred any expenses as a result of a bond claim for this company, or any prior owned company(s) or for any owner or spouse?..... No  Yes  
If yes, did you reimburse the Surety?.....  No  Yes
8. Are any of the company assets or any owner's or spouse's assets pledged as security for any purpose?.....  
 No  Yes, If yes please explain \_\_\_\_\_
9. Are there any subsidiary and/or affiliate companies?..... No  Yes  
If yes please list \_\_\_\_\_

**The following statement must be signed on behalf of your company and by each owner.**

**The information contained in this statement is provided for the purpose of obtaining, or maintaining surety credit with you on behalf of the undersigned, or persons, firms or corporations on whose behalf the undersigned may either severally or jointly with others, execute a guarantee in your favor. Each undersigned understands that Colonial Surety Company is relying on the information provided herein (including the designation made as to ownership of all assets) in deciding to grant or continue surety 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 COLONIAL SURETY COMPANY at 123 Tice Blvd, Woodcliff Lake, NJ 07677 201-573-8788 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 creditworthiness. You are authorized to answer questions about your surety credit experience with me/us.**

**A SURETY BOND IS NOT INSURANCE**

ALL INDEMNITORS UNDER THE BOND WILL SEVERALLY AND JOINTLY BE LIABLE FOR PAYMENT TO THE SURETY OF ANY DEFAULTS AND EXPENSES INCURRED BY THE SURETY AS A RESULT OF ANY CLAIM INCURRED UNDER THE SURETY BOND.

\_\_\_\_\_  
Company Consent                      Date

\_\_\_\_\_  
Owner/President Consent                      Date

\_\_\_\_\_  
Owner/President Consent                      Date

\_\_\_\_\_  
Owner/President Consent                      Date

**PERSONAL FINANCIAL INFORMATION**

Company Name: \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Residence Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Statement of Financial Condition as of \_\_\_\_\_

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Banks (Sched. 1)		Notes Payable to Banks – Unsecured	
Cash in Money Market Funds		Notes Payable to Banks – Secured	
Other Receivables		Note Payable to Others	
Marketable Securities & Mutual Funds (Sched. 2)		Due to Brokers – Margin Accounts	
		Bills and Charge Card Payable	
Cash Surrender Value of Life Insurance		Contractual Tax Shelter Investments Due	
Retirement Accounts (IRA, Keogh, 401-K)		Income Taxes Payable	
Non-Marketable Securities		Other Taxes Payable	
Primary Residence (Sched. 3)		Loans Against Life Insurance	
Other Wholly Owned Real Estate (Sched. 3)		Mortgage Balances Owed (Primary Residence)	
Limited Partnership Investments (Cost)		Other Wholly Owned Real Estate	
Autos and Personal Property		Partially Owned Real Estate	
Other Assets (List)		Other Liabilities (List)	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>TOTAL</b>		<b>TOTAL</b>	

**Schedule 1 Cash in Banks**

Name of Bank	Address	Type of Account	Account Number	Balance

**Schedule 2 Marketable Securities and Mutual Funds**

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

**Schedule 3 Primary Residence and Real Estate Owned**

Address and Type of Property	Title in Name of	% of Ownership	Monthly Rental Income	Cost/Year Acquired	Present Market Value	Unpaid Mortgage Balance	To Whom Mortgage Payable	Monthly Mortgage Payment
			\$					Payment \$ _____
			Year					per month
			\$					Payment \$ _____
			Year					per month

This applicant warrants and certifies that the above information is true and acknowledges that Colonial Surety Company is relying on this information as a basis for extending surety credit:

Applicants' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Hometown Bid Bond Request Form**

All questions and upload must be completed to be processed

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

Contractor's Address \_\_\_\_\_  
Street City State Zip Code

Name of Oblige: \_\_\_\_\_  
(Entity you're doing work for)

Address of Oblige: \_\_\_\_\_

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

Oblige Phone Number: \_\_\_\_\_ Contract Person: \_\_\_\_\_

Bid Date: \_\_\_\_\_ Time of Bid: \_\_\_\_\_ am/pm

Estimated Contract Price \$ \_\_\_\_\_

% required for the bid bond \_\_\_\_\_ or Flat Amount \_\_\_\_\_

Project Name: \_\_\_\_\_

Complete Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of the job: \_\_\_\_\_

Estimated Contract Price \$ \_\_\_\_\_

% required for bid bond: \_\_\_\_\_

Amount of requested bid bond \$ \_\_\_\_\_

Liquidated Damages \_\_\_\_\_

Payment Terms \$ \_\_\_\_\_

% of Work Subbed Out \_\_\_\_\_

Consent of Surety Required \_\_\_\_\_

(if yes, please upload the requirements)

**JOB COST BREAKDOWN**

% Profit \_\_\_\_\_

% Materials \_\_\_\_\_

% Labor \_\_\_\_\_

% Subcontractors \_\_\_\_\_

% Overhead \_\_\_\_\_

Maintenance Period \_\_\_\_\_

Method of Delivery: USPS \_\_\_\_\_ UPS \_\_\_\_\_ Fed Express \_\_\_\_\_

Account# \_\_\_\_\_ or \$30.00 Fee for Overnight Delivery

Note: Special bond Forms (if required) and Bid Specifications must be included with this form.  
Please fax (866) 449-8004 or email: [bonddept@colonialsurety.com](mailto:bonddept@colonialsurety.com)

# Hometown Performance Bond Request Form

All questions and uploads must be completed to be processed

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

Contractor's Address \_\_\_\_\_  
Street City State Zip Code

Name of Oblige: \_\_\_\_\_  
(Entity you're doing work for)

Address of Oblige: \_\_\_\_\_

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

Oblige Phone Number: \_\_\_\_\_ Contract Person: \_\_\_\_\_

Project Name: \_\_\_\_\_

Complete Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of the job: \_\_\_\_\_

Contract Number (if applicable) \_\_\_\_\_

Contract Date \_\_\_\_\_

Amount of Contract \$ \_\_\_\_\_

Bond Amount \$ \_\_\_\_\_

Estimate Date of Completion \_\_\_\_\_

Liquidated Damages \_\_\_\_\_

Payment Terms \_\_\_\_\_

Will a Maintenance bond be required?  YES  No If yes, at the  end of project or  upfront

% of Maintenance Bond \_\_\_\_\_ Required Years \_\_\_\_\_

### JOB COST BREAKDOWN

% Profit \_\_\_\_\_

% Materials \_\_\_\_\_

% Labor \_\_\_\_\_

% Subcontractors \_\_\_\_\_

% Overhead \_\_\_\_\_

Please provide Engineers Estimate, 2<sup>nd</sup> and 3<sup>rd</sup> low bidders:

Engineers Est \$ \_\_\_\_\_

2<sup>nd</sup> Bidder Name \_\_\_\_\_

Dollar Amt \$ \_\_\_\_\_

3<sup>rd</sup> Bidder Name \_\_\_\_\_

Dollar Amt \$ \_\_\_\_\_

Method of Delivery: USPS \_\_\_\_\_ UPS \_\_\_\_\_ Fed Express \_\_\_\_\_

Account# \_\_\_\_\_ or \$30.00 Fee for Overnight Delivery

Method of payment: Paper Check  E-Check  Credit Card

(If payment is made by paper check bond will be issued once received)

Will you have Supplier/Subcontractors and Unions for this project  Yes  No

If yes please provide a list, [click here](#) to upload form

Note: Special bond Forms (if required) and Contract must be included with this form. Please fax (866) 449-8004 or email: [bonddept@colonialsurety.com](mailto:bonddept@colonialsurety.com)