

CONTRACTOR'S PRE-QUALIFICATION CHECKLIST

◆ INFORMATION REQUIRED FOR SUBMISSION:

- Completed Contractors Questionnaire (attached)
- Three (3) Fiscal Year End Financial Statements (if financial statements are not available, please substitute with three years company and personal tax returns)
- Latest Available Interim Financial Statement.
- Current Personal Financial Statement on all Owners/Stockholders (please see attached forms, if needed)
- Current Schedule of all Uncompleted Work (attached)
- Current Bank Reference Letter (sample attached)
- Resumes on all Owners/Officers and Key Employees
- Current Certificate of Insurance
- Copy of Articles of Incorporation or Assumed Name Certificate
- Copies of any Reference Letters Currently on File for the Company

◆ IF THERE IS A CURRENT BOND REQUEST, ALSO INCLUDE:

- A fully Completed Bid, Payment and Performance Bond Request (attached)
- Copy of Contract or Award Letter (not necessary if you are requesting a bid bond)
- Bond Forms, If Specified by Obligee

NSSI

NATIONAL SURETY SERVICES, INC.

3091 Holcomb Bridge Road • Suite H-2 • Norcross, GA 30071
1-800-953-6699 • (770) 394-9444 • FAX (770) 394-6888

CONTRACTORS QUESTIONNAIRE

1. Name of Firm: _____ Federal I.D. No.: _____

2. Address: _____ County: _____

(City) (State) (zip)

3. Phone No.: (____) _____ Fax No.: (____) _____ Cell Phone No.: (____) _____

4. Contracting Specialty: _____ Email Add: _____

5. Contact Person: _____ 6. Title: _____

7. Date Business Started: ____ / ____ / ____ 8. Type of Business: Corp. Part. Prop. Sub. "S" Corp.

9. State of Incorporation: _____ 10. Company Year End: _____

11. Federal Express Billing No.: _____ or UPS Billing No.: _____

12. Areas of Operation: _____

13. List the Corporate Officers, Partners or Proprietors of Your Firm (If Incorporated, Please Indicate Corporate Secretary):

	<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Social Security No.</u>	<u>Married Yes/No</u>
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____

14. Is there A Buy-Sell Agreement Among the Owners of the Business? Yes No If Yes, Please Attach a Copy of the Agreement.

15. Is this Agreement Funded by Life Insurance? Yes No

16. Does the Company have a Continuity Plan in Effect? Yes No If Yes, Please Attached a Copy of the Plan.

17. How Many People Does Your Firm Employ? _____ 18. How Many Work Crews? _____

19. Does Your Firm Utilize Union Work Crews? Yes No If Yes, What Percent: _____%

20. Has Your Firm or any of its Principals Ever Petitioned for Bankruptcy, Failed in Business, or Caused a Loss to a Surety? Yes No
If Yes, Please Explain: _____

21. Is Your Firm or any of its Owners/Officers Currently Involved in any Litigation? Yes No

If Yes, Please Explain: _____

22. What Percentage of the Firm's Work is Normally for: Government Agencies _____ % Private Owners: _____ %

23. What Percentage of the Firm's Work is Normally Subcontracted: _____ %

24. Are Bonds Required of Subcontractors? Yes No

Please Explain: _____

25. What Trades do You Normally Subcontract? _____

26. What is the Largest Amount of Uncompleted Work on Hand at One Time in the Past? Amount \$ _____ Year _____

27. What is the Largest Job You Expect to Perform During the Next Year? \$ _____

28. What is the Largest Uncompleted Work Program Expected During the Next Year? \$ _____

29. What is Your Expected Annual Volume Next Year? \$ _____

30. What Trades do You Normally Undertake with Your Own Forces? _____

31. Does your Firm Lease Equipment? Yes No Type of Lease: _____

32. What are the Terms of the Lease? _____

33. Name of Your CPA: _____

Address: _____

Phone No.: (_____) _____ Contact Person: _____

34. On What Basis are Taxes Paid? Cash Accrual Completed Job Percentage of Completion

35. On What Basis are Financial Statements Prepared? Cash Accrual Percentage of Completion

36. On What Level of Assurance are Financial Statements Prepared? Compilation Reviewed Audit

37. How Often are Financial Statements Prepared? Monthly Quarterly Semi-Annually Annually

38. Do You Have a Full Time Accountant or Controller on Staff? Yes No If Yes, Years of Experience: _____

39. Does Your Firm Prepare any of the Following Internal Reports (Please Check all that Apply):

Monthly Balance Sheet Monthly P & L Statement Monthly Aging of Accounts Receivable and Payable

40. Are Job Cost Records Maintained? Yes No

How are they Maintained: Computerized Manually How Often are They Reviewed? _____

How Often are They Updated? _____ Do They Show Job Detail? Yes No

41. Name of Your Bank: _____

Phone No.: (_____) _____ Contact Person: _____

42. Does the Firm or any of the Principals Have a Bank Line of Credit? Yes No

Amount: \$ _____ Expiration Date: _____

How is it Secured? _____

43. Previous Bonding Companies: (Please Add More Lines if Needed)

Name

Reason for Leaving

A. _____

B. _____

44. List Three of Your Largest Contracts: (This Can Include Completed and Uncompleted Projects)

A. Owner: _____ Project Title: _____
Contract Price: \$ _____ Gross Profit: \$ _____ Completion Date: _____
Contact Person: _____ Phone No.: (_____) _____

B. Owner: _____ Project Title: _____
Contract Price: \$ _____ Gross Profit: \$ _____ Completion Date: _____
Contact Person: _____ Phone No.: (_____) _____

C. Owner: _____ Project Title: _____
Contract Price: \$ _____ Gross Profit: \$ _____ Completion Date: _____
Contact Person: _____ Phone No.: (_____) _____

45. List Five of Your Major Suppliers:

A. Name: _____ Phone No.: (_____) _____
B. Name: _____ Phone No.: (_____) _____
C. Name: _____ Phone No.: (_____) _____
D. Name: _____ Phone No.: (_____) _____
E. Name: _____ Phone No.: (_____) _____

46. List Three Subcontractors You Do Business With:

A. Name: _____ Phone No.: (_____) _____
Contact Person: _____ Most Recent Project: _____

B. Name: _____ Phone No.: (_____) _____
Contact Person: _____ Most Recent Project: _____

C. Name: _____ Phone No.: (_____) _____
Contact Person: _____ Most Recent Project: _____

47. List any Life Insurance in Effect under the Company: (Please add More Lines if Needed)

A. Name: _____ Beneficiary: _____
Amount: \$ _____ Cash Value: \$ _____ Insurance Co.: _____

B. Name: _____ Beneficiary: _____
Amount: \$ _____ Cash Value: \$ _____ Insurance Co.: _____

48. List any Subsidiaries and/or Affiliates of the Company: (Please add More Lines if Needed)

Name	Ownership	Type of Business
A. _____	_____	_____
B. _____	_____	_____

49. List the Full Name of Each Stockholder's/Owner's Spouse: (Please add More Lines if Needed)

Full Legal Name	Social Security Number	Full Legal Name	Social Security Number
A. _____	_____	D. _____	_____
B. _____	_____	E. _____	_____

READ CAREFULLY

The Undersigned hereby affirms that the foregoing statements made, and answers given, are the truth and are made to induce the Surety to execute or procure the execution of surety bonds, and any extensions, modifications, or renewal thereof, or substitution therefor. The undersigned further affirms that he/she understands the bond(s) applied for is a credit relationship, and hereby authorizes National Surety Services, Inc. and the Surety to gather such credit information as it considers necessary and appropriate for purposes of evaluating whether such credit should be granted. The Undersigned also acknowledges that any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In the event that a bond or bonds are issued, the undersigned and all indemnitors of the undersigned, if any, agrees to pay or cause to be paid the premium at the rate charged therefore, and any additional charge for contract increases, if any, that may be due the Surety.

By: _____ Title: _____ Date: _____
(President, Partner or Owner)

PERSONAL FINANCIAL STATEMENT
(This Form Must be Signed & Dated)

PERSONAL FINANCIAL STATEMENT AS OF _____, _____				
Name of Applicant		Social Security Number	Date of Birth:	
Name of Spouse:		Social Security Number:	Date of Birth:	
Residence Address (Street, City, State, & Zip Code)~			Home Phone Number (Including Area Code):	
ASSETS		Account Balance	LIABILITIES	Account Balance
Cash in Banks (Complete Schedule):		\$	Mortgages Payable (See Schedule):	\$
Cash - Retirement Accounts:		\$	Installment Accounts - Auto (See Schedule):	\$
Accounts Receivable (Complete Schedule):		\$	Loans Payable - Banks (Complete Schedule):	\$
Stocks/Bonds/Securities (Complete Schedule):		\$	Notes Payable (Complete Schedule):	\$
Real Estate - Residence (Complete Schedule):		\$	Accounts Payable (Complete Schedule):	\$
Real Estate - Investment/Other:		\$	Loans on Life Insurance (See Schedule):	\$
Cash Value Life Ins, (Complete Schedule):		\$	Taxes Payable:	\$
Automobiles - Present Value:		\$	Other Liabilities (Complete Schedule):	\$
Personal Property:		\$	TOTAL LIABILITIES:	\$
Other Assets (Complete Schedule):		\$	NET WORTH:	\$
TOTAL ASSETS:		\$	TOTAL NET WORTH & LIABILITIES:	\$
INCOME:		Salary: \$	Spouse's Salary: \$	TOTAL INCOME
		Bonus/Other: \$	Bonus/Other: \$	\$

SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES
(NOTE: All data listed above must appear in the appropriate schedules. Insert "None" where appropriate.)

CASH IN BANKS				
Bank Name, Number & Location	Account Number	Amount		
		\$		
		\$		
		\$		
NOTES & ACCOUNTS RECEIVABLE				
Name & Address of Debtor	Amount Due	Due Date	Pledged (Yes/No)	Security
	\$			
	\$			
	\$			
STOCKS / BONDS / SECURITIES				
Name & Number(s) of Instrument	# - Shares	Price/Share	Market Value	Exchange & Call
				\$
				\$
				\$

You May Access Our Forms On Our Website
www.nationalsurety.com

Attach Additional *Sheets* if Necessary

REAL ESTATE (Residence/Investment/Other)							
Location & Description	Year Acquired	Original Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder
				\$		\$	
				\$		\$	
				\$		\$	
				\$		\$	
CASH VALUE ON LIFE INSURANCE							
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Current Loans			
OTHER ASSETS							
Description	Title Holder	Original Cost	Market Value	Age			
LOANS PAYABLE							
Name of Lender	Address	Balance Due	Due in 1 Year	Loan Security			
ACCOUNTS & NOTES PAYABLE (Including Autos & Charge Accounts)							
Name of Lender	Original Amount	Current Balance	Monthly Payment	Loan Security			
			\$ \$				
			\$ \$				
			\$ \$				
			\$ \$				
			\$ \$				
OTHER LIABILITIES							
Description	Payable to Whom	Amount	Mo. Pymt,	Due Date	Loan Security		

- | | | | |
|---|---------|--------|---|
| 1) Are you contingently liable or an endorser on any bonds or other obligations? | ___ YES | ___ NO | Explain all Yes answers on a separate sheet of paper |
| 2) Are you involved in any litigation? | ___ YES | ___ NO | |
| 3) Have you filed for Bankruptcy in the last 7 years? | ___ YES | ___ NO | |
| 4) Are you the beneficiary or acting as a Trustee or Executor of any Trust(s) or Estate(s)? | ___ YES | ___ NO | |

I/We hereby certify and declare that the above statement presents accurately my/our financial condition to the best of my/our knowledge. I/We hereby acknowledge that National Surety Services, Inc., and the sureties they represent will from time to time request personal credit reports to verify the stated debt, and to track your personal payment history.

By: _____
Date: _____

By: _____
Date: _____

NATIONAL SURETY SERVICES, INC.
SCHEDULE OF ALL UNCOMPLETED WORK-IN-PROGRESS

(List all contracts, bonded & unbonded - if cost plus contract, please indicate)

NAME OF CONTRACTOR:							DATE AS OF:			
Name of Owner/Obligee Col. 1	Start Date	Completion Date	Bonded Yes/No	Contract Price (Including Approved Change Orders) Col. 2	Total Billed To Date (Explain any Disputed Items) Col. 3	Total Cost to Date Col. 4	Total Revised Cost Remaining To Complete Col. 5	Total Estimated Project Cost At Completion Col. 6	Total Estimated Gross Profit/Loss at Completion Col. 7	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
TOTALS										
CONTRACTS COMPLETED SINCE LAST REPORT DATED						Comments: _____				
Name of Owner/Obligee	Final Contract Price Including All Approved Change Orders		Final Total Costs	Final Gross Profit/(Loss)						
1										
2										
3										
4										
5										
6										
7										
						Signed: _____		Title: _____		
						Print Name: _____				

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 or National Surety Services, Inc. at 1-800-953-6699, FAX (770) 394-6888

SAMPLE BANK LETTER

PLEASE ISSUE ON BANK LETTERHEAD

Date:

National Surety Services, Inc.
3091 Holcomb Bridge Road
Suite H-2
Norcross, GA 30071

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

Mr. John Doe originally opened his accounts with this institution on **date** and maintains the following accounts:

Business Checking Account: 1; Current Balance = \$10,245.00;
6 mo. Avg. Balance \$18,700.00
Business Checking Account: 2; Current Balance = \$30,876.00;
6 mo. Avg. Balance \$32,500.00
Personal Checking Account: 3; Current Balance = \$11,624.00;
6 mo. Avg. Balance = \$ 4,300.00
Personal Savings Account: Acct. 4; Current Balance = \$13,384.00;
6 mo. Avg. Balance \$10,400.00

Certificate of Deposit in the name of John Doe or Jane Doe: Amount = \$50,000.00;
Term = 1 year; Opened - 11/30/10; Matures - 11/30/11; AUTOMATICALLY RENEWABLE

Mr. Doe also maintains a **Revolving Line of Credit** in the name of ABC Construction Company for working capital. **AMOUNT** = \$50,000.00; **OPENED** - 6/12/99; **EXPIRATION** - 6/12/12, **SECURITY** - Trust Deed on 123 Elm St., Anytown IJSA and personal guarantee of Mr & Mrs Doe; **TERMS** - 2% over bank's prime rate but not less than 9%; **CURRENT AMOUNT OUTSTANDING** = \$22,670.00

Mr. Doe has conducted all of his relationships in a very satisfactory manner and is one of our most valued customers.

Very Truly Yours,

By: _____ (Bank Officer)

(Type Name & Title)

PLEASE MAKE COPIES & USE ON ALL REQUESTS

BID, PAYMENT AND PERFORMANCE BOND REQUEST

Today's Date: _____ (PLEASE TYPE OR PRINT CLEARLY)

Obligee Name: _____
 (To Whom Bond is to be Issued) Address: _____
 Phone No.: _____ Fax No.: _____

Contractor Name: _____
 (Applicant) Address: _____
 Phone No.: _____ Fax No.: _____

Bid Bond Amount of Bid Estimate: \$ _____ Percentage of Bid Bond Required: _____ %
 Date Project Bids: _____ Time: _____ Project/Invitation No.: _____
 Bond Form Specified by Obligee: Yes No (If Yes, Please Indicate or Attach Form) _____
Payment Contract No.: _____ Contract Date: _____
Performance Bond Bond Form Specified by Obligee: Yes No (If Yes, Please Indicate or Attach Form) _____
 Amount of Performance Bond: \$ _____ Amount of Payment Bond: \$ _____

Original Bid Spread:	Contractor	Amount
2 nd	_____	\$ _____
3 rd	_____	\$ _____
4 th	_____	\$ _____

All Requests Project Title: _____
 Project Description: _____

 Project Location: _____
 Project Length (Calendar Days): _____ Penalty for Late Completion (Per Day): \$ _____
 Special Hazards: Yes No (If Yes, Please Describe): _____

WORK SUBCONTRACTED
 (If Bid Request, Please Provide Rough Estimates)

TYPE OF TRADE	AMOUNT	SUB BONDED Yes/No
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(INFORMATION NOT PROVIDED MAY DELAY EXECUTION OF BOND)