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Mesa, AZ 85206 Fax. (480) 985-2572 or (480) 985-2209

PERFORMANCE & BID CONTRACT BONDS

Thank you for your request. Please provide the following items to enable us to underwrite and respond in a timely matter. I can usually accept similar forms from other insurance companies

1. Completed Surety Questionnaire

2. Business Financial Statements Last 2 fiscal year end financial statements of business entity, plus current interim financial statements. If this statement is more than six months old, we require a current interim statement. Note: All financial statements are to include both a balance sheet and a profit and loss statement.

3. Personal Financial Statement(s) of Owners (Format Attached)

Required on all Stockholders of a Corporation who own more than 10% of the stock or all Partners of a Partnership, or the Sole Proprietor. We can usually accept similar formats if they are within 6 months old.

4. Bank Verification From the bank & 3 Months Personal and Business Bank Statements

We can usually accept a similar form from the bank as long as it lists money and credit lines. See sample.

5. Job References (Contact Information with Job Description)

6. Supplier References (Contact Information)

7. Work on Hand (Format Attached)

8. Copy of Construction Contract, Bond Forms, Bid Results (If Bid, Bid Specifications)

Bid results would be other 2 bidders if there are any other bidders.

9. Contract Bond Request Form

10. Copy of your insurance certificate

11. Credit authorization signed by all owners.

If you have any questions please do not hesitate to call us. We look forward to working with you.

Thank you for your business!

AGENT/BROKER USA AMERICAN EAGLE BONDS
 ADDRESS 4121 E Valley Auto Dr #104
Mesa, AZ 85206

PHONE (480) 985-1618
 FAX (480) 985-2209
 Producer Code _____

**CONTRACTORS QUALIFICATION QUESTIONNAIRE
 ORGANIZATION AND BACKGROUND**

Name _____	() Individual
Address _____ Fed. I.D. # _____	() Partnership
City, State, Zip _____	() Corporation
Phone _____ Fax _____	

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:

- Public Bldgs.
- Commercial
- Highways
- Bridges

- Excavation
- Water System
- Sewers
- Electrical

- Plumbing
- Heating/Air Cond.
- Other _____

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
B. Collateral
C. Personal covenants
D. Additional corp. covenants

Yes No

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

WORK ON HAND

Name and Address of Contractor							Uncompleted Contracts as of		
Contract Description and Location	Date		1	2	3	4	5	Completion	
	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	Revised Estimated Costs To Complete	Date	
	Mo.	Yr.						Mo.	Yr.
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
TOTALS									

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 contractor's original estimated total cost plus cost of all change orders and extra work orders approved to date.
2. Do not include "claims" or disputed items." If desired, attach an explanation.

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: **Maile d** **Picked up** **Overnighted**
(If bond needs to be overnighted, please print your Fed-Ex Account # _____)

**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 Indemnitor, 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 payable	
Accounts receivable (Schedule 2)		Current portion of long term debt	
Notes receivable (Schedule 3)		Other current liabilities (Schedule 6)	
Other current assets (Schedule 6)		
.....		
.....		Current Year's Income Taxes Unpaid	
.....		Prior Year's Income Taxes Unpaid	
.....		Real Estate Taxes Unpaid	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES	
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)	
.....		
.....		
.....		
.....		TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

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 _____.

Cash and line of credit verification form

The insurance company can accept other types of bank forms if they have this information
This verification must be signed by a bank employee

Bank Verification

(To be completed by bank or savings & loan)

Please complete a separate form for each account

Re: Account Holder _____

Account Number _____

The above account holder has applied to this Company for bonding credit and has given your name as a reference. Authorization has been given to us to verify their financial statement. Therefore, we would appreciate the courtesy of a prompt reply to the following questions. Your response will be treated in confidence and without responsibility on your part. You may return this inquiry by fax to the number below. Thank you for your cooperation.

1. When was the account opened? _____

2. The average balance is \$ _____ for the period of _____ months.

3. Has a line of credit been established? _____

If so, what amount? \$ _____ It is secured by _____

The renewal date is _____ Amount available \$ _____

4. What is your opinion of the applicant's character, ability and financial responsibility?

Name of Bank _____

Address _____

Phone Number (_____) _____ Fax Number (_____) _____

Information has been provided by _____

Signature

Date _____

Printed Name

BLANKET AUTHORIZATION FORM

Authority is hereby granted to any Individual, Firm or Corporation and any financial institution to furnish _____ upon its request, with any information concerning or pertaining to the undersigned's financial standing, credit or manner of meeting obligations. A copy of this agreement shall be considered the same as the original. This authorization is to remain in force until rescinded by the applicant in writing.

Signature Date

(Printed Name)

Social Security Number

Home Address (Street)

City, State, Zip

Signature Date

(Printed Name)

Social Security Number

Home Address (Street)

City, State, Zip

Signature Date

(Printed Name)

Social Security Number

Home Address (Street)

City, State, Zip

Signature Date

(Printed Name)

Social Security Number

Home Address (Street)

City, State, Zip

Signature Date

(Printed Name)

Social Security Number

Home Address (Street)

City, State, Zip

Signature Date

(Printed Name)

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City, State, Zip