



ADMINISTRATIVE OFFICE: 50 CHESTNUT RIDGE ROAD, MONTVALE, NJ 07645 1-800-221-3662 FAX: 201-573-1062  
 E-Mail: [info@colonialsurety.com](mailto:info@colonialsurety.com)

## CONTRACTOR'S INFORMATION FORM

The information requested in this questionnaire is required for us to consider your company for bonding. Please be as thorough as possible when you answer the questions. 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 form, return it with the following:

- The two most recent year-end financial statements for the company and most current interim statement, if available.
- Current personal financial statements for each owner of the company.
- Bank reference letter on Bank's Letterhead stating number of years the contractor has been banking with this bank, average balance of Deposits, Line of Credit (secured and/or unsecured and current amount outstanding).
- Current Aging Schedule of Accounts Receivable and Accounts Payable (computer print out).
- Current Work on Hand (Form M300-103 or computer print out)

If you have any questions concerning the completion of this application, please call **Colonial Surety Company**. Thank you.

## COMPANY AND OWNER INFORMATION

NAME OF COMPANY: \_\_\_\_\_  
 COMPANY ADDRESS (NO PO BOX): \_\_\_\_\_  
 BUSINESS PHONE: (With Area Code) \_\_\_\_\_ FAX #: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_ Web Site: \_\_\_\_\_  
 Please Check One:  Corporation  Partnership  Proprietorship  
 What is the date the company was established? \_\_\_\_\_ Date Incorporated? \_\_\_\_\_  
 Application Date \_\_\_\_\_ Referral Code: \_\_\_\_\_

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

Name of Owner(s)	Social Security Number	Home Address with Zip Code	% of Ownership	Spouse's Full Name

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 is the largest amount of uncompleted aggregate work-on-hand at any one time? \_\_\_\_\_ What Year? \_\_\_\_\_
2. What uncompleted aggregate work-on-hand limit are you applying for? \_\_\_\_\_
3. What is your largest completed job? \$ \_\_\_\_\_ What year? \_\_\_\_\_ Bonded? \_\_\_\_\_
4. What single bond limit are you applying for? \_\_\_\_\_
5. What is the name of your current or most recent bonding company? \_\_\_\_\_
6. What was the year's percentage of bonded work? \_\_\_\_\_ % \$ \_\_\_\_\_
7. What is your reason for changing bonding companies? \_\_\_\_\_

## OPERATIONS INFORMATION

1. Name of your insurance agency? \_\_\_\_\_ Name of your bond agency? \_\_\_\_\_
2. Describe your operations: \_\_\_\_\_
3. Territory of Operations: \_\_\_\_\_
4. Is your company?     Union     Open Shop    If yes, please list Unions     Non-Union

Name of Union	Full Address	Phone No.

5. Please list your key company personnel:(Attach resumes)

Individual	Age	Position	Years Experience In This Type of Business	Years With This Company

6. Is there a formal buy sell agreement in effect?     No     Yes    How is it funded? \_\_\_\_\_

7. Please provide a list of life insurance on owners by amounts, company name and beneficiaries:

Owner	Amount of Insurance	Beneficiary

8. What arrangements have been made to assure contracts are completed in the event the owner(s) are not available?

\_\_\_\_\_

\_\_\_\_\_

## FINANCIAL INFORMATION

1. Please list all banks and/or financial institutions where you have deposit accounts or loans:

Name of Bank	Mailing Address with Zip Code & Tel. No.	Type Of Account	Account Number	Date Opened
Your Banking Officer:		Title:	Tel.#	
Your Banking Officer:		Title:	Tel.#	

2. Do you have a line of credit?  No  Yes-In what amount? \_\_\_\_\_ How much of the line is in use at the present time? \_\_\_\_\_ Is the line secured?  No  Yes-By what? \_\_\_\_\_  
 If more than one bank is listed above, **at which bank do you have the line of credit?** \_\_\_\_\_

## REFERENCE INFORMATION

(The references listed below will be verified by Colonial Surety Company. Thank you.)

1. Please list the FIVE largest jobs you have completed in the past three years:

Contract Amount	Year Completed	Kind of Work And Location Of Job	Bonded	Prime	Sub	Must Have Owners or General Contractor's Name, Phone Number
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Please list your FIVE largest suppliers from whom you buy most of your materials.

Name of Company	Type Of Supplier	Mailing Address with Zip Code	Must List Contact Names And Phone Numbers

3. Please list Architects and/or Engineers who are familiar with your work:

Name of Company	Type Of Business	Mailing Address with Zip Code	Must List Contact Names And Phone Numbers

