



123 Tice Blvd., Suite 250 • Woodcliff Lake, NJ 07677 • P: 800-221-3662 • F: 201-573-1062 • [info@colonialsurety.com](mailto:info@colonialsurety.com) • [www.colonialsurety.com](http://www.colonialsurety.com)

## SCHOOL BUS OPERATORS 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 by email: [info@colonialsurety.com](mailto:info@colonialsurety.com) or fax: 201-573-1062 , or mail to the above address, with the following:**

- The two most recent year-end financial statements for the company and most current interim statement, if available. The most recent year-end statement must be audited or reviewed.**
- Current personal financial statements for each owner of the company.**
- Current Aging Schedule of Accounts Receivable and Accounts Payable (computer printout).**
- Current Certificate of Insurance**

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) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Web site: \_\_\_\_\_

Please Circle One:     Corporation         Partnership         Proprietorship         LLC

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

## OPERATIONS INFORMATION

1. What is the name of your current or most recent bonding company? \_\_\_\_\_

2. What is the name of your insurance agency? \_\_\_\_\_

3. Is your company union? circle one    Yes    No

4. Please list your key company personnel:

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

## 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? (circle one)   No      Yes - In what amount? \_\_\_\_\_

How much of the line is in use at the present time? \_\_\_\_\_      Is the line secured? (circle one)   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 contracts you have:

Contract Amount	Year Complete	Must Have School District's Name, Phone Number And Person To Be Contacted	Bonded Y/N

**1. Please list your THREE largest suppliers:**

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

**SUPPLEMENTAL INFORMATION (circle Yes or No)**

1. Are there any judgements, suits, claims, tax liens, or other liens against this company, or any prior owned company(s), or any owner or spouse? . . . . . No Yes
2. Has the company or any owner or spouse ever failed in business or compromised with any creditor? . . . . . No Yes
3. Has the company, or any prior owned company(s), of any owner or spouse ever defaulted on a contract? . . . . . No Yes
4. Has any owner, spouse or key employee ever filed for personal or business bankruptcy? . . . . . No Yes
5. 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
6. 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
7. Has the company even been declined by a bonding company? . . . . . No Yes  
 If so, what company? \_\_\_\_\_
8. Are any of the company assets or any owner's or spouse's assets pledged as security for any purpose? . . . . . No Yes
9. Are there any subsidiary and/or affiliate companies? . . . . . No Yes  
 If so, please list them \_\_\_\_\_

Please attach an explanation for any "Yes" answers:

**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. It is further understood that Colonial must be notified of any change in ownership or a change in marital status of each and every owner. Each undersigned understands that Colonial Surety Company is relying on the information provided herein and in the future, (including the designation made as to ownership of all assets and marital status of each owner) in deciding to grant or continue surety credit. **EACH UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE 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., Suite 250, Woodcliff Lake, NJ 07677, 800-221-3662, 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 OR ANY DEFAULTS AND EXPENSES INCURRED BY THE SURETY AS A RESULT OF ANY CLAIM INCURRED UNDER THE SURETY BOND.

Signature - COMPANY CONSENT

DATE

Signature - OWNER/PRESIDENT CONSENT

DATE

Signature - OWNER/PRESIDENT CONSENT

DATE

Signature - OWNER/PRESIDENT CONSENT

DATE