



123 Tice Blvd., Suite 250 • Woodcliff Lake, NJ 07677 • P: 800-221-3662 • F: 201-573-1062 • info@colonialsurety.com • www.colonialsurety.com

SANITATION & RECYCLING 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 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**
- Current Equipment List**

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? 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? 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 contracts you have:

Contract Amount	Year Completed	Must Have Oblige (Owner's) Name, Phone Number and Person to Be Contacted	Bonded Y/N

2. 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

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