



# Bonding Query Document Checklist

- **General Information**
  - Broker of Record Letter and Certificate of Insurance
  - Primary Business Contact Information
  - Business License
  - Statement of Capabilities
  - Mutual Non-Disclosure Agreement
  
- **Bonding Requirements – As Needed**
  - Current Contractor's License
  - Articles of Incorporation
  - By-Laws
  - Completed Bank-Credit Reference Form
  - Completed Contractor Questionnaire
    - Last three fiscal year-end financial statements
    - Current interim financial statement if fiscal statement is over 6 months old
    - Current personal financial statement for all indemnitors
    - Business Plan
    - Federal Tax Returns (2 Years minimum)
    - Buy/Sell Agreement
    - Copy of Subcontract Agreement
    - Certificates of Insurance (All lines carried)
    - Resumes of owners/key personnel
    - Brochure and/or Letters of Recommendation about the accomplishment of your firm
  - Audited Financial Statement Analysis – Balance Sheet Form
  - Signed Credit Report Authorization and Privacy Disclosure Form
  - Project Information/Works in Progress:
    - Annual Project Schedule Values/Portfolio
    - Project Scope of Work and Total Value
    - Project Location, Plans and Drawings
    - Project Payroll
    - Project Duration and/or Contract Period
    - Project Payment Terms and Limit of Liability



Please forward all documentation to [info@axsw.com](mailto:info@axsw.com). Inquiries can be made with the same at (671) 647-4297.

Note that this checklist is for initial file setup and preparation of bonding.  
**Please allow for 45-60 days to complete the bond underwriting process.**

By signing the line below, I hereby authorize \_\_\_\_\_ to release to \_\_\_\_\_ the information requested and to discuss same with them, said \_\_\_\_\_ to remain in effect until rescinded.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

*The section below is to be completed by your bank.*

**ACCOUNT INFORMATION**

Account Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Financial Institution: \_\_\_\_\_  
 Customer Since: \_\_\_\_\_ Information is current as of: \_\_\_\_\_

	Checking	Savings
Current Balance:	\$ _____	\$ _____
Average Balance: (last 12 months)	\$ _____	\$ _____

**LINES OF CREDIT INFORMATION**

Line of Credit	Working Capital	Equipment
Total Approved Credit:	\$ _____	\$ _____
Amount Currently Borrowed:	\$ _____	\$ _____
Maximum Borrowed: (last 12 months)	\$ _____	\$ _____
Minimum Borrowed: (last 12 months)	\$ _____	\$ _____
Expiration Date:	_____	_____
In compliance with all covenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**GENERAL INFORMATION**

Comments: \_\_\_\_\_

**COMPLETED BY**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Branch: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_





**I. BUSINESS INFORMATION**

Business name: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Firm address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Web site: \_\_\_\_\_  
 State of incorporation: \_\_\_\_\_ Year started: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_ Is your firm union?  Yes  No  Both  
 Contracting specialty: \_\_\_\_\_  
 LEED project experience:  Yes Number of projects: \_\_\_\_\_  No Number of LEED Certified employees: \_\_\_\_\_  
 Geographic area(s) of operation: (*Territory*) \_\_\_\_\_  
 Type of business:  C-Corp.  Sub S. Corp.  Part.  Sole Prop.  LLC  LLP  
 Employees (# of): Office: \_\_\_\_\_ Field (*min.*): \_\_\_\_\_ to (*max.*): \_\_\_\_\_ Current total: \_\_\_\_\_  
 Affiliations:  AGC  ASA  ABC  CFMA Other: \_\_\_\_\_  
 Certifications:  8a  HubZone  SDVOSB Other: \_\_\_\_\_

**II. OFFICER INFORMATION**

List all Owners, Proprietors, Partners and Officers of the firm:

	a. Full legal name:	b. Percentage owned:	c. Date of birth:	d. Social Security Number:
	e. Position:	f. Since:	g. Home address:	
	h. Spouse legal name:		i. Spouse date of birth:	j. Spouse Social Security Number:
<b>1</b>	a. _____	b. _____ %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>2</b>	a. _____	b. _____ %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>3</b>	a. _____	b. _____ %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>4</b>	a. _____	b. _____ %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>5</b>	a. _____	b. _____ %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____

Will all owners and their spouses provide full personal indemnification to the surety?  Yes  No (*explain below*)  
 Explain: \_\_\_\_\_  
 Is there a buy/sell agreement among the owners of the business?  Yes  No  
 Is this agreement funded by life insurance?  Yes  No



### III. BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, failed to complete a contract, or caused a loss to a surety? **If yes, please attach explanation.**  Yes  No

Is your firm or any of its owners or officers currently involved in any litigation? **If yes, please attach explanation.**  Yes  No

Percentage of the firm's work for: Government Owners:      % Private Owners:      % Other Contractors:      %

Trades you normally undertake with your own employees:  None (*Paper GC*)  \_\_\_\_\_

Percentage of the firm's work normally subcontracted to others:      %

Trades you normally subcontract: \_\_\_\_\_

Sub bonding policy: \_\_\_\_\_

Preferred job size range: \$      to \$      Number of jobs at a time:     

Largest cost to complete backlog: \$      Year:      Number of jobs:     

Largest job expected during the next year:     

Largest backlog expected during the next year:     

Expected annual volume this current fiscal year:      Next fiscal year:     

Do you lease equipment?  Yes  No Type of lease: \_\_\_\_\_

Terms of the lease: \_\_\_\_\_

### IV. FINANCIAL INFORMATION

Name of CPA Firm: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company address: \_\_\_\_\_

Company phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

On what basis are taxes paid?  Cash  Completed Job  Accrual  % of Completion

On what basis are financial statements prepared?  Cash  Completed Job  Accrual  % of Completion

On what level of assurance are financial statements prepared?  CPA Audit  Review  Compilation

How often are internal financial statements prepared?  Annually  Semi-Annually  Quarterly  Monthly

How are bills paid?  Discounts taken as offered  Prompt within payment terms  Late, within      days of due

Any material troubled A/R?  No  Yes Explain: \_\_\_\_\_

Changes to the balance sheet since last fiscal year end: (contributions, distributions, loans, material asset buys or sells, financing, etc.) \_\_\_\_\_

Do you have a full time accountant on staff?  Yes  No Name: \_\_\_\_\_

Staff accountant professional designations:  CPA  CCIFP  Other: \_\_\_\_\_

Accounting software: \_\_\_\_\_

Estimating software: \_\_\_\_\_

Job cost software: \_\_\_\_\_

### V. BANK INFORMATION

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

With this bank since: \_\_\_\_\_ Relationship currently includes:  Deposit accounts  Revolving line of credit  Term loans

Line of credit (LOC) year opened: \_\_\_\_\_ Amount: \$      Line expires: \_\_\_\_\_

LOC –  Unsecured  Secured By: \_\_\_\_\_

LOC – special terms or sublimits: \_\_\_\_\_

Other banks used and purpose: \_\_\_\_\_



## VI. EXPERIENCE & REFERENCES

**Previous bonding companies:**

	Name:	Dates:	Reason for leaving:
<b>1</b>	_____	_____	_____
<b>2</b>	_____	_____	_____
<b>3</b>	_____	_____	_____

Have you ever been turned down by a surety?  Yes  No **If yes, why?** \_\_\_\_\_

**Largest completed contracts: (largest first)**

	a. Job name:	b. City, State:	c. Contract price:	d. Gross profit:	e. Date completed:	f. Bonded?
	g. Contact name:	h. Firm:	i. Phone:	j. Fax:	k. E-mail:	
	l. Project description:					
<b>1</b>	_____	_____	c. \$ _____	d. \$ _____	_____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
<b>2</b>	_____	_____	c. \$ _____	d. \$ _____	_____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
<b>3</b>	_____	_____	c. \$ _____	d. \$ _____	_____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
<b>4</b>	_____	_____	c. \$ _____	d. \$ _____	_____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
<b>5</b>	_____	_____	c. \$ _____	d. \$ _____	_____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					

**Major suppliers: (largest volume first)**

	Name:	Products:	Phone:	Fax:	Contact name:	Last used:
<b>1</b>	_____	_____	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____	_____	_____
<b>3</b>	_____	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____	_____

**Major trade subcontractors (or contractors if you are a trade contractor): (largest volume first)**

	Name:	Trade:	Phone:	Fax:	Contact name:	Last used:
<b>1</b>	_____	_____	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____	_____	_____
<b>3</b>	_____	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____	_____

**Specialty trade subcontractors:**

Name:	Trade:	Phone:	Fax:	Contact name:	Last used:
-------	--------	--------	------	---------------	------------



1						
2						
3						

**VIII. KEY PERSONNEL**

**Additional key personnel:**

	Name:	Designation(s):	Position:	Birth year:	Years experience	
					This company:	Total:
1						
2						
3						
4						
5						

**IX. LIFE INSURANCE INFORMATION**

**Life insurance in effect on officers or key personnel:**

	Insured:	Beneficiary:	Death benefit:	Insurance company:
1				
2				
3				
4				

**X. BUSINESS INSURANCE INFORMATION**

Staff Risk Manager: \_\_\_\_\_ Designations:  AFSB  CPCU  CRIS  Other: \_\_\_\_\_

Insurance broker/agency: \_\_\_\_\_ City/ State: \_\_\_\_\_ Agent's name: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_ Key expiration dates: \_\_\_\_\_

**XI. SUBSIDIARIES AND AFFILIATES**

**Subsidiaries and affiliates of the applicant firm:**

	Firm name:	Ownership/relationship:	Type of business:	FEIN:	Cross/Corp. Indemnity?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:



**XII. ATTACHMENTS**

- Copies of the last three fiscal year end financial statements including work in progress & completed contract schedules
- Current interim financial statement and work in progress report if fiscal statement is over six months old
- Current personal financial statement for all indemnitors
- Bank Line of Credit Agreement
- Business Plan
- Federal Tax Returns
  - Company – years: \_\_\_\_\_
  - Personal – years: \_\_\_\_\_
- Buy/Sell Agreement
- Specimen copy of Subcontract Agreement
- Certificate(s) of Insurance (*all lines carried*)
- Resumes of owners/key employees
- Brochure and/or Letters of Recommendation about the accomplishments of your firm
- Other: please describe below under “Additional Remarks”:

**Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.**

**This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.**

Name of Firm: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Remarks:	
---------------------	--





643 Chalan San Antonio, Suite  
 106 Tamuning, GU 96913  
 Phone: (671) 647-4297 - Fax: (671) 647-4299

**CREDIT REPORT AUTHORIZATION  
 AND PRIVACY DISCLOSURE FORM**

nasbp.org/toolkit

Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Surety 1: \_\_\_\_\_  
 Surety 2: \_\_\_\_\_  
 Surety 3: \_\_\_\_\_

I hereby authorize each of the above listed Agency and Surety Companies to:

- Obtain my personal credit report from a credit reporting agency of their respective choice, and
- To review my personal credit report.

I understand and agree that the above listed parties intend to use the credit report(s) for the purpose of evaluating my financial situation as part of the overall surety underwriting process.

My signature below also authorizes the above listed parties to exchange with each other the complete content of my personal information and credit report. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

I understand that I may revoke my consent to these disclosures by notifying the Agency in writing.

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Copy as necessary for all applicants**  
**Completed consents may be either:**  
**scanned & e-mailed to:** info@axsww.com  
**or faxed to:** (671) 647-4299



