



Contract Bond Packet

Thank you for your request. Please complete the following items to enable us to underwrite and respond in a timely manner.

1. **Tokio Marine HCC Surety Questionnaire**
2. **Business Financial Statements**
Last two (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.
4. **Bank Verification & 3 Months Personal and Business Bank Statements**
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)**
9. **Contract Bond Request Form**

If you have any questions regarding Contract Bonds, please do not hesitate to contact us. We look forward to working with you and your clients.

Thank you for your business!

Contractors Qualification Questionnaire

Agent/Broker _____ Phone _____
 Address _____ Fax _____
 _____ HCCS Producer Code _____

ORGANIZATION AND BACKGROUND

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

Contractors License Number _____

Date business formed _____ Date Incorporated _____

If SUCCESSOR to prior business, Name of Predecessor _____

Has there been any recent changes in control of the company? YES NO

If so, describe _____

Principal Officers of the Company

Name	Position	% of Ownership	Age	Date of Employ	SSN	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

List the six most important contracts completed in the last five years:

Owner's Name	Address & Phone Number	Contract Amount	Time Req. to Complete
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Largest work-on-hand position of company, at any one time was \$ _____, during _____ (year) and consisted of _____ contracts.

Give the names of five principal suppliers:

Name	Address	Contact Information
		PHONE
		FAX
		PHONE
		FAX
		PHONE
		FAX
		PHONE
		FAX
		PHONE
		FAX

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 additional 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 _____

Are any assets in Trust(s)? _____

Line of Credit

Amount _____

Amount in Use _____

Secured by

Yes No

A. Accounts Receivable

B. Collateral

C. Personal covenants

D. Additional corp. covenants

Accounting

Name of Accounting Firm _____

Address _____

How long has this firm acted as your auditor? _____ Years

Date last audited Financial Statement was prepared (month/year) _____

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 yes, 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 _____

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	Bonded Yes/No	Date Started		1	2	3	4	5	Completion Date	
		Mo.	Yr.	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	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)					
2)					
3)					
4)					

Principal Signature: _____

Date: _____

1. Include contractor's original estimated total cost plus cost of all change orders and extra work orders approved to date
- 2.
3. 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 and Address of **OBLIGEE**: _____

Bid Date: _____ Bid Time: _____ Bid Bond %: _____

Performance Bond %: _____ Payment Bond %: _____ Project No.: _____

Contractor's Bid Estimate: \$ _____ (Remember: All 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 Days Working Days *circle one*)

Percentage of Subcontracted Work: _____ 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 the bond form)

Does the bond need to be: Mailed Picked up Overnighted

(If bond needs to be overnighted, please print Fed-Ex Account #: _____)

ALL INFORMATION ON THIS FORM MUST BE COMPLETED



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 for _____ SSN _____
Name

Street Address, City, State, ZIP

_____ Home Phone No. _____ Bus. Phone No. _____
Name of Spouse

As of _____
Month Day Year

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)	_____	Notes payable to (names & addresses):	_____
Cash in following banks (names & addresses):	_____	_____
.....	_____	_____
.....	_____	Sales Contracts & Chattel Mtgs. (Sch. 6)	_____
Stocks and bonds (Schedule 1)	_____	_____
Accounts receivable (Schedule 2)	_____	Accounts payable	_____
Notes receivable (Schedule 3)	_____	Current portion of long term debt.	_____
Other current assets (Schedule 6)	_____	Other current liabilities (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	Div. Paid Last 2 Yrs	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. NOTE 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 _____

Soc. Sec. No. _____ Date of Birth _____

Signature _____

Soc. Sec. No. _____ Date of Birth _____

Date Signed _____



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? \$_____ Current outstanding balance: \$_____

It is secured by _____

The renewal date is _____
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

Person & Branch requesting this form: _____



Fraud Warnings and Privacy Notice

Fraud Warnings

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.



TOKIOMARINE
HCC

Fraud Warnings and Privacy Notice

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Material misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FACTS**WHAT DOES TOKIO MARINE HCC DO WITH YOUR PERSONAL INFORMATION?**

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information may include: <ul style="list-style-type: none"> ■ Account and transaction information; ■ Contact and demographic information; ■ Financial information; ■ Claims information; and ■ Credit history.
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Tokio Marine HCC chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Tokio Marine HCC share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	N/A

To limit our sharing	<ul style="list-style-type: none"> ■ Call (888) 688-0775 — our menu will prompt you through your choice(s). ■ Email us online: privacypolicy@tmhcc.com. <p>Please note: When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
Questions?	Call (888) 688-0775 or send us an email at privacypolicy@tmhcc.com .

Who we are	
Who is providing this notice?	Tokio Marine HCC is the trading name of HCC Insurance Holdings, Inc.
What we do	
How does Tokio Marine HCC protect my personal information?	To protect your personal information from unauthorized access and use, we maintain reasonable administrative, technical and physical safeguards designed to protect your personal information against accidental, unlawful or unauthorized destruction, loss, alteration, access, disclosure or use.
How does Tokio Marine HCC collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> ■ Sign up for and use our services, including when you choose to provide us with your information online or offline; ■ Interact with our website and mobile applications; ■ Obtain an insurance product from us through a broker, where we may collect personal information from your broker in order to prepare your quote and/or your insurance policy; and/or ■ Submit an insurance claim, so we can properly handle your claim. <p>We may also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ■ sharing for affiliates' everyday business purposes—information about your creditworthiness; ■ affiliates from using your information to market to you; and ■ sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>Our affiliates include our family of companies, available at https://www.tokiomarinehd.com/en/company/about/group.html.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ■ <i>Our joint marketing partners include categories of companies such as insurance companies.</i>
Other important information	
For more information, please review our privacy policy, located at https://www.tmhcc.com/en-us/legal/privacy-policy .	