

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 Perfuturo Bank-Credit Reference Form
 - Completed Perfuturo 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 your agent or to Karl Delatorre at karl.delatorre@perfuturoinsurance.com. Inquiries can be made with the same at (671) 588-7373.

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_____ to release to _____ the information requested and to discuss same with them, said _____ to remain in effect until rescinded.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: <i>(last 12 months)</i>	\$ _____	\$ _____

LINES OF CREDIT INFORMATION

Line of Credit	Working Capital	Equipment
Total Approved Credit:	\$ _____	\$ _____
Amount Currently Borrowed:	\$ _____	\$ _____
Maximum Borrowed: <i>(last 12 months)</i>	\$ _____	\$ _____
Minimum Borrowed: <i>(last 12 months)</i>	\$ _____	\$ _____
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:
1	a. _____	b. _____ %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
2	a. _____	b. _____ %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
3	a. _____	b. _____ %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
4	a. _____	b. _____ %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
5	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:
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

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:					
1	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
2	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
3	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
4	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
5	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	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:
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____

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

	Name:	Trade:	Phone:	Fax:	Contact name:	Last used:
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____

Specialty trade subcontractors:

Name:	Trade:	Phone:	Fax:	Contact name:	Last used:
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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:	
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643 Chalan San Antonio, Suite
 106 Tamuning, GU 96913
 Phone: (671) 588-7373 - 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: team@axspacific.com
or faxed to: (671) 647-4299



**Perfuturo Insurance
International, Inc.**

643 Chalan San Antonio, Suite 106
Tamuning, GU 96913
Phone: (671) 588-7373 - Fax: (671) 647-4299



**CONTRACTS IN PROGRESS
PERCENTAGE OF COMPLETION BASIS
(SIMPLE)**

nasbp.org/toolkit

Contractor Name:

As of:

UNCOMPLETED CONTRACTS (BONDED AND UNBONDED)						
JOB NAME & NUMBER	TOTAL REVISED CONTRACT PRICE	ESTIMATED GROSS PROFIT	AMOUNT BILLED TO DATE	COSTS TO DATE	ESTIMATED COST TO COMPLETE	ESTIMATED DATE OF COMPLETION
Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

JOBS COMPLETED SINCE LAST REPORT		
JOB NAME & NUMBER	FINAL CONTRACT PRICE	FINAL GROSS PROFIT

NOTES

