

In order to provide a surety bond proposal, please provide the following:

1. Contractor Questionnaire (see form attached)
2. Personal Financial Statement (see form attached)
3. Business Financial Statement

DALEGROUP

INSURANCE & BONDS



CONTRACTOR QUESTIONNAIRE

Legal Name of Firm: _____

Address: _____

(CITY)

(STATE)

(ZIP)

Phone: _____ Cell: _____ Fax: _____

Contracting Specialty: _____ Tax ID: _____

Fed Ex/UPS #: _____ E-mail: _____

Contact Person: _____ Title: _____

Year Business Started: _____ Type of Business: Corp. Part. Prop. Sub S. Corp.

State of Incorporation: _____ Area of Operation: _____

List of the corporate officers, partners, or proprietors of your firm:

Name	SSN	Date of Birth	Position	% Owned	Home Address

Will the above individuals and spouses personally indemnify Surety? Yes No

If no, please explain: _____

Has your firm, or any of its principals, ever petitioned for bankruptcy, failed in business, or defaulted to cause a loss to a Surety? Yes No

If yes, please explain: _____

Is your firm, or any of its owners, currently involved in any litigation? Yes No

If yes, please explain: _____

What percentage of the firm's work is normally for:

Government Agencies: _____% Private Owners: _____%

What percentage of the firm's work is normally subcontracted? _____%

What trades do you normally subcontract? _____

What is the largest job you expect to have during the next year? \$_____

What is your expected annual volume next year? _____

What trades do you normally undertake with your own forces? _____

Name of your Attorney: _____

Address: _____
(CITY) (STATE) (ZIP)

Phone: _____ Contact Person: _____

Name of your CPA: _____

Address: _____
(CITY) (STATE) (ZIP)

Phone: _____ Contact Person: _____

Name of your Bank: _____

Address: _____
(CITY) (STATE) (ZIP)

Phone: _____ Contact Person: _____

Line of Credit: \$ _____ Expiration Date: _____

Is your firm union? Yes No

Previous Bonding Companies:

Name	Reason for Leaving

List key personnel, foreman, or supervisors:

Name	Position	Year of Birth	Years of Experience	Previous Employer

List any subsidiaries and affiliates (include real estate entities):

Firm Name	Ownership	Type of Business

List three (3) of your largest contracts:

Job Name	Contract Price	Gross Profit	Completion Date	Bonded?
	\$	\$		
Owner:	Architect/Engineer:			
	Fax:		E-mail:	

Job Name	Contract Price	Gross Profit	Completion Date	Bonded?
	\$	\$		
Owner:	Architect/Engineer:			
	Fax:		E-mail:	

Job Name	Contract Price	Gross Profit	Completion Date	Bonded?
	\$	\$		
Owner:	Architect/Engineer:			
	Fax:		E-mail:	

List three (3) of your major suppliers:

Name	Address	Fax Number	Contact

List three (3) subcontractors (or contractors, if you are a subcontractor) that you do business with:

Name	Address	Fax Number	Contact	Project Name

Completed by: _____
Name
Title
Date

REV: _____

Blanket Authorization Form

Authority is hereby granted to any Individual, Firm, or Corporation and any financial institution to furnish Dale Group, Inc. upon its request, with any information concerning or pertaining to the undersigned's financial standing, credit or manor of meeting obligations. A copy of this agreement shall be considered the same as the original. This authorization is to remain in force until rescinded by the applicant in writing.

To become part of and attached to the application for:

(Name of Applicant)

Signed this _____ day of _____, 20_____

(Name, typed or printed)

(Title)



(This form needs to be signed and dated)

PERSONAL FINANCE STATEMENT AS OF:		
Name of Individual	Social Security No.	Date of Birth
Name of Spouse	Social Security No.	Date of Birth
Address		Home Phone Number

ASSETS		LIABILITIES	
	Account Balance		Account Balance
Cash in Banks	\$	Loans Payable - Banks	\$
Notes Receivable	\$	Notes Payable	\$
Accounts Receivable	\$	Accounts Payable	\$
Stocks/Bonds/Securities	\$	Taxes Payable	\$
Real Estate - Residence	\$	Mortgages Payable	\$
Real Estate - Investment/Other	\$	Other Liabilities	\$
Cash Value Life Insurance	\$		
Personal Property	\$	TOTAL LIABILITIES:	\$
Other Assets	\$	NET WORTH:	\$
TOTAL ASSETS: \$		TOTAL NET WORTH & LIABILITIES:	
INCOME: \$	Salary \$	Spouse's Salary \$	TOTAL INCOME \$
	Bonus/Other \$	Bonus/Other \$	

SUPPLEMENTARY SCHEDULES OF ASSETS AND LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "None" where appropriate)

CASH IN BANKS		
Bank Name, Number, & Location	Account No.	Amount
		\$
		\$
		\$

NOTES & ACCOUNTS RECEIVABLE				
Name & Address of Debtor	Amount Due	Due Date	Pledged (yes/no)	Security
	\$			
	\$			
	\$			

STOCKS/BONDS/SECURITIES				
Name & Number(s) of Instrument	No. of Shares	Price/Share	Market Value	Exchange & Call
		\$	\$	
		\$	\$	
		\$	\$	

REAL ESTATE (Residence/Investment/Other)							
Location and Description	Year Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	

CASH VALUE OF LIFE INSURANCE				
Name of Insurance	Beneficiary	Face Value	Cash Value	Loans Outstanding
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

OTHER ASSETS				
Description	Title Holder	Cost	Market Value	Age
		\$	\$	
		\$	\$	
		\$	\$	

LOANS PAYABLE				
Name of Lender	Address	Balance Due	Due in One Year	How is it Secured?
		\$	\$	
		\$	\$	
		\$	\$	

ACCOUNTS & NOTES PAYABLE (Including charged accounts)					
Payable to whom	Address	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		

OTHER LIABILITIES					
Description	Payable to whom	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		

By: _____ Date: _____

By: _____ Date: _____