

SBA SURETY BOND GUARANTEE PROGRAM

CONTRACTOR'S PRE-QUALIFICATION CHECKLIST

• INFORMATION REQUIRED FOR SUBMISSION:

- Completed Contractors Questionnaire (attached)
- Three (3) Fiscal Year End Financial Statements (if financial statements are not available, please substitute with three years company and personal tax returns)
Latest Year End Statement Must Have Aging of A/R & A/P Schedules Included
(ALL FINANCIAL STATEMENTS & TAX RETURNS MUST BE SIGNED & DATED BY THE PRINCIPAL)
- Latest Available Interim Financial Statement - Please Include Aging of A/R & A/P
- Current Personal Financial Statement on all Owners/Stockholders (please see attached forms)
- Current Bank Reference Letter (sample attached)
- Resume on all Owners/Officers and Key Employees (attached)
- Business Plan (attached)
- Current Certificate of Insurance
- Copy of Articles of Incorporation or Assumed Name Certificate
- Copies of any Reference Letters Currently on File for the Company
- Current Schedule of all Uncompleted Work (attached)
- Schedule of Accounts Payable & Accounts Receivable (attached)
- Additional Information Sheet (attached)
- Bond Request Form (attached) If there is a current Bond Request

(If more than one form is needed, please make a copy prior to filling out the form)

All Forms Are Available On Our Website

www.nationalsurety.com

NSSI

NATIONAL SURETY SERVICES, INC.

1534 Dunwoody Village Parkway • Suite 220 • Atlanta, Georgia 30338
1-800-953-6699 • (770) 394-9444 • FAX (770) 394-6888

CONTRACTORS QUESTIONNAIRE

1. Name of Firm: _____ Federal I.D. No.: _____

2. Address: _____ County: _____

(City) (State) (zip)

3. Phone No.: (____) _____ Fax No.: (____) _____ Cell Phone No.: (____) _____

4. Contracting Specialty: _____ Email Add: _____

5. Contact Person: _____ 6. Title: _____

7. Date Business Started: ____ / ____ / ____ 8. Type of Business: Corp. Part. Prop. Sub. "S" Corp.

9. State of Incorporation: _____ 10. Company Year End: _____

11. Federal Express Billing No.: _____ or UPS Billing No.: _____

12. Areas of Operation: _____

13. List the Corporate Officers, Partners or Proprietors of Your Firm (If Incorporated, Please Indicate Corporate Secretary):

	<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Social Security No.</u>	<u>Married Yes/No</u>
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____

14. Is there A Buy-Sell Agreement Among the Owners of the Business? Yes No If Yes, Please Attach a Copy of the Agreement.

15. Is this Agreement Funded by Life Insurance? Yes No

16. Does the Company have a Continuity Plan in Effect? Yes No If Yes, Please Attached a Copy of the Plan.

17. How Many People Does Your Firm Employ? _____ 18. How Many Work Crews? _____

19. Does Your Firm Utilize Union Work Crews? Yes No If Yes, What Percent: _____%

20. Has Your Firm or any of its Principals Ever Petitioned for Bankruptcy, Failed in Business, or Caused a Loss to a Surety? Yes No
If Yes, Please Explain: _____

21. Is Your Firm or any of its Owners/Officers Currently Involved in any Litigation? Yes No

If Yes, Please Explain: _____

22. What Percentage of the Firm's Work is Normally for: Government Agencies _____ % Private Owners: _____ %

23. What Percentage of the Firm's Work is Normally Subcontracted: _____ %

24. Are Bonds Required of Subcontractors? Yes No

Please Explain: _____

25. What Trades do You Normally Subcontract? _____

26. What is the Largest Amount of Uncompleted Work on Hand at One Time in the Past? Amount \$ _____ Year _____

27. What is the Largest Job You Expect to Perform During the Next Year? \$ _____

28. What is the Largest Uncompleted Work Program Expected During the Next Year? \$ _____

29. What is Your Expected Annual Volume Next Year? \$ _____

30. What Trades do You Normally Undertake with Your Own Forces? _____

31. Does your Firm Lease Equipment? Yes No Type & Terms of Lease: _____

32. Is Your Firm 8(a) Certified? Yes No Are You or Any Shareholder or Spouses Native American? Yes No

33. Name of Your CPA: _____

Address: _____

Phone No.: (_____) _____ Contact Person: _____

34. On What Basis are Taxes Paid? Cash Accrual Completed Job Percentage of Completion

35. On What Basis are Financial Statements Prepared? Cash Accrual Percentage of Completion

36. On What Level of Assurance are Financial Statements Prepared? Compilation Reviewed Audit

37. How Often are Financial Statements Prepared? Monthly Quarterly Semi-Annually Annually

38. Do You Have a Full Time Accountant or Controller on Staff? Yes No If Yes, Years of Experience: _____

39. Does Your Firm Prepare any of the Following Internal Reports (Please Check all that Apply):

Monthly Balance Sheet Monthly P & L Statement Monthly Aging of Accounts Receivable and Payable

40. Are Job Cost Records Maintained? Yes No

How are they Maintained: Computerized Manually How Often are They Reviewed? _____

How Often are They Updated? _____ Do They Show Job Detail? Yes No

41. Name of Your Bank: _____

Phone No.: (_____) _____ Contact Person: _____

42. Does the Firm or any of the Principals Have a Bank Line of Credit? Yes No

Amount: \$ _____ Expiration Date: _____

How is it Secured? _____

43. Previous Bonding Companies: (Please Add More Lines if Needed)

Name

Reason for Leaving

A. _____

B. _____

44. List Three of Your Largest Contracts: (This Can Include Completed and Uncompleted Projects)

A. Owner: _____ Project Title: _____
 Contract Price: \$ _____ Gross Profit: \$ _____ Completion Date: _____
 Contact Person: _____ Phone No.: (_____) _____

B. Owner: _____ Project Title: _____
 Contract Price: \$ _____ Gross Profit: \$ _____ Completion Date: _____
 Contact Person: _____ Phone No.: (_____) _____

C. Owner: _____ Project Title: _____
 Contract Price: \$ _____ Gross Profit: \$ _____ Completion Date: _____
 Contact Person: _____ Phone No.: (_____) _____

45. List Five of Your Major Suppliers:

A. Name: _____ Phone No.: (_____) _____
 B. Name: _____ Phone No.: (_____) _____
 C. Name: _____ Phone No.: (_____) _____
 D. Name: _____ Phone No.: (_____) _____
 E. Name: _____ Phone No.: (_____) _____

46. List Three Subcontractors You Do Business With:

A. Name: _____ Phone No.: (_____) _____
 Contact Person: _____ Most Recent Project: _____

B. Name: _____ Phone No.: (_____) _____
 Contact Person: _____ Most Recent Project: _____

C. Name: _____ Phone No.: (_____) _____
 Contact Person: _____ Most Recent Project: _____

47. List any Life Insurance in Effect under the Company: (Please add More Lines if Needed)

A. Name: _____ Beneficiary: _____
 Amount: \$ _____ Cash Value: \$ _____ Insurance Co.: _____

B. Name: _____ Beneficiary: _____
 Amount: \$ _____ Cash Value: \$ _____ Insurance Co.: _____

48. List any Subsidiaries and/or Affiliates of the Company: (Please add More Lines if Needed)

Name	Ownership	Type of Business
A. _____	_____	_____
B. _____	_____	_____

49. List the Full Name of Each Stockholder's/Owner's Spouse: (Please add More Lines if Needed)

Full Legal Name	Social Security Number	Full Legal Name	Social Security Number
A. _____	_____	D. _____	_____
B. _____	_____	E. _____	_____

READ CAREFULLY

The Undersigned hereby affirms that the foregoing statements made, and answers given, are the truth and are made to induce the Surety to execute or procure the execution of surety bonds, and any extensions, modifications, or renewal thereof, or substitution therefor. The undersigned further affirms that he/she understands the bond(s) applied for is a credit relationship, and hereby authorizes National Surety Services, Inc. and the Surety to gather such credit information as it considers necessary and appropriate for purposes of evaluating whether such credit should be granted. The Undersigned also acknowledges that any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In the event that a bond or bonds are issued, the undersigned and all indemnitors of the undersigned, if any, agrees to pay or cause to be paid the premium at the rate charged therefore, and any additional charge for contract increases, if any, that may be due the Surety.

By: _____ Title: _____ Date: _____
(President, Partner or Owner)



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

NOTE: This sample letter must be supplied to your banker. This outline must be followed and all current balances and average balances must be indicated in actual dollar amounts. Should your banker have any questions, please have him/her contact your agency or National Surety Services, Inc. at 1-800-953-6699, FAX (770) 394-6888

SAMPLE BANK LETTER

PLEASE ISSUE ON BANK LETTERHEAD

Date:

National Surety Services, Inc.
1534 Dunwoody Village Parkway
Suite 220
Atlanta, Georgia 30338

RE: BANK RELATIONS / MR. JOHN DOE AND ABC CONSTRUCTION COMPANY

Mr. John Doe originally opened his accounts with this institution on **date** and maintains the following accounts:

Business Checking Account: 1; Current Balance = \$10,245.00;
6 mo. Avg. Balance \$18,700.00
Business Checking Account: 2; Current Balance = \$30,876.00;
6 mo. Avg. Balance \$32,500.00
Personal Checking Account: 3; Current Balance = \$11,624.00;
6 mo. Avg. Balance = \$ 4,300.00
Personal Savings Account: Acct. 4; Current Balance = \$13,384.00;
6 mo. Avg. Balance \$10,400.00

Certificate of Deposit in the name of John Doe or Jane Doe: Amount = \$50,000.00;
Term = 1 year; Opened - 11/30/10; Matures - 11/30/11; AUTOMATICALLY RENEWABLE

Mr. Doe also maintains a **Revolving Line of Credit** in the name of ABC Construction Company for working capital. **AMOUNT** = \$50,000.00; **OPENED** - 6/12/99; **EXPIRATION** - 6/12/12, **SECURITY** - Trust Deed on 123 Elm St., Anytown IJSA and personal guarantee of Mr & Mrs Doe; **TERMS** - 2% over bank's prime rate but not less than 9%; **CURRENT AMOUNT OUTSTANDING** = \$22,670.00

Mr. Doe has conducted all of his relationships in a very satisfactory manner and is one of our most valued customers.

Very Truly Yours,

By: _____ (Bank Officer)

(Type Name & Title)

SMALL BUSINESS ADMINISTRATION

RESUME OF EXPERIENCE

Date _____

Resume of Experience for _____
(Name of Owner or Key Employee)

who is _____, of the firm _____
(Position) (Name of Company)

1. Personal Information:

A. Date of Birth _____ B. Social Security # _____

C. Place of Birth _____ C. Phone Number () _____

E. Address (including country) _____

F. Name of Spouse _____ G. Social Security # _____

2. Education:

A. High School _____ Year _____

B. College _____ Year _____

C. Trade School _____ Year _____

3. Experience with Company:

A. Starting Date _____ B. Starting Position _____

C. Present Position and Responsibilities _____

D. Percentage of Ownership (if applicable) _____ %

4. Past Experience in Field:

A. Name, Address & Dates of Prior Employment B. Responsibilities

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

5. Personal References (including name, address, phone #, relationship)

BUSINESS PLAN

1. Name of Business: _____

2. Address of Business: _____

3. Year Business Began: _____ If Incorporated, Year: _____

4. Financial Year End: _____ Number of Employees: _____

5. Name & Position of Relatives That Work in The Business:

1. _____ 3. _____

2. _____ 4. _____

6. Sales Volume First Year: _____ Sales Last Year: _____

7. Brief Description of Your Business: _____

8. In The Event of Your Death or Injury, Who Would Operate The Business To Finish Uncompleted Projects?

You Must Submit a Resume & SBA Form 912 (Statement of Personal History) For The Name Entered Above

9. Do You Have Life Insurance? _____ To Be Paid to The Business? _____

What Type and How Much? _____

Do You Have Enough to Cover All Your Outstanding Work On Hand? _____

Do You Have Life Insurance For Your Family? _____ How Much? _____

10. Give a Description of Management Experience and Continuity Provisions You Have For Your Business: _____

11. Outline Your Business Goals For The Next 12 Months: _____

12. What Will Happen To Your Business When You Retire? _____



**SMALL BUSINESS ADMINISTRATION
SCHEDULE OF UNCOMPLETED WORK (ALL WORK-BONDED & UNBONDED-IF COST PLUS PLEASE INDICATE)**

NAME OF CONTRACTOR								DATE: AS OF	
DESCRIPTION OF JOB:	STARTING DATE	COMPLETION DATE	Bonded	Unbonded	CONTRACT PRICE (Including Approved Change Orders)	Contractors Est. Cost When Bid (Including Cost of Approved Change Orders)	Total Billed to Date Including Retainages (Explain Any Dispute Items)	TOTAL COST TO DATE	TOTAL REVISED ESTIMATED COST TO COMPLETE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
TOTALS									
TOTAL UNCOMPLETED WORK:							SIGNATURE		
TOTAL UNCOMPLETED WORK BY SUBCONTRACTOR:							TITLE		
BONDED:							REMARKS		
UNBONDED:									

PLEASE NOTE: The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to; Chief, Administrative Information Branch, Room 5000, U.S. Small Business Administration, 409 3rd St., SW, Washington, DC 20416; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

Schedule of Accounts Payable

Name:		Date - as of.		20		Prepared by:				Page #	of	Pages
Line #	Name of Account	Total	Month of	Month of	Month of	Month of	120 days and over		Retention (see note)			
			Current	30 days past due	60 days past due	90 days past due	Date	Amount				
	Amounts Forward											
1												1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
	Total (Amounts carried Forward)											

Retention amounts should be shown separately and not aged

Schedule of Accounts Receivable

Name:		Date - as of			Prepared by:				Page #	of	Pages
Line #	Name of Account	Total	Month of	Month of	Month of	Mond, Of	120 days and over		Retention (see note)		
			Current	30 days past due	60 days past due	90 days past due	Date	Amount			
	Amounts Forward										
1										1	
2										2	
3										3	
4										4	
5										5	
6										6	
7										7	
8										8	
9										9	
10										10	
11										11	
12										12	
13										13	
14										14	
15										15	
16										16	
17										17	
18										18	
19										19	
20										20	
21										21	
22										22	
23										23	
	Total (Aniounts Carried Forward)										

Retention amounts should be shown separately and not aged.

National Surety Services, Inc.

Additional Information Sheet

Please Answer All Questions

- Largest Previous Contract Undertaken: \$ _____
- Largest Amount Of Uncompleted Work On Hand At One Time In The Past: \$ _____ # Of Contracts: _____
- Any Disputes On The Above Contract? (If Yes, Attach Specifics) Yes No
- Was The Above Project On Schedule? (If No, Attach Specifics) Yes No
- Have You Ever Failed To Complete a Contract? (If Yes, Attach Specifics) Yes No
- Have You Ever Defaulted On a Contract Forcing a Surety To Suffer a Loss? (If Yes, Attach Specifics) Yes No
- Is The Company's Taxes Current? (If No, Attach Specifics) Yes No
- Have You Ever Been Previously Bonded? Yes No
Largest Amount Bonded? \$ _____ With Whom? _____
- If Change Of Surety, Why? _____
- Do You Have Adequate Equipment? Yes No
- Are Your Payables Current? Yes No
- Have You Ever Been In The SBA Bond Guarantee Program? Yes Year: _____ No
- Have You Ever Had An SBA Loan? Loan # _____ Yes No
- Have You Ever Received SBA Surety Bond Guarantee Assistance Under Another Business Name? Yes No
If So, Business Name: _____ EIN#: _____ Year _____
- Are You An SBA 8(a) Certified Contractor? Yes No
- Are You An SBA Certified Hub Zone Contractor? Yes No
- Are You Or Anyone Owning a Percentage in the Company or Your Spouses Native American? Yes No

Company Name: _____

By: _____

Date: _____

