

Contract Surety Agency

Thompson Surety Agency- METROBOND Since 1973

Re: Supply Bond Application



Thank you for inquiring about *Thompson Surety Agency's* service.

Enclosed please find our Supply Contract Surety Application. This application outlines all relevant information we require to underwrite your Client's Surety Bond needs.

Our Surety Department provides access to the best of two worlds;

- ***top sureties and service by professionals who understand bond products.***

Surety bonding is an important and sensitive subject. We would like to offer you an opportunity to enhance your clients bonding situation.

There are some good reasons you should work with us. Perhaps we can help...

- *Increase your current bond program, or offer a better rate*
- *Approach the market for a "second opinion" on a job you want to bid*
- *Secure a "back-up" surety who will "step in" should the need arise*

Perhaps you have heard of our agency or done business with us. Consider...

- *That we have been in the surety industry for over 25 years*
- *That we have provided bonding on projects ranging up to \$300,000,000*
- *That we have arranged a 2 billion dollar line of credit for a client*

If you have any additional questions or concerns please let us know.

Sincerely,

Thompson Surety Agency

Supply Contract BOND PROGRAM

The following information will allow us to review your account.

- Corporate Financial Statements- 3 years of CPA prepared Corporate financial statements
- Contractors Questionnaire- Represents an outline of the contractor's operation.
- Job & Trade Supplier List- Presents information regarding the contractor's experience.
- Personal Financial Statement- All Owners must provide a current personal statement
- Bank Reference Letter- A letter from the contractor's bank detailing the relationship

Upon the completion of a favorable underwriting review the execution of the General Indemnity Agreement will be required. This legal document provides the surety with guarantees from all owners & spouses, as well as affiliated and subsidiary businesses.

1-800-98-BONDS

SURETYAGENCY.COM

SURETY QUESTIONNAIRE

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
CONTACT NAME:	PHONE #:	FAX #:
BUSINESS TYPE:		Area of Operation:
TAX ID #:	State of Incorporation:	Year business started:
<input type="checkbox"/> FIRST BOND <input type="checkbox"/> BONDED IN PAST - SURETY NAME?		

BUSINESS OWNERSHIP INFORMATION

LIST NAMES OF OWNERS	% OWN	TITLE	Social Security #	BIRTH DATE	SPOUSE NAME	BIRTH DATE
	%		- -	/ /		/ /
	%		- -	/ /		/ /
	%		- -	/ /		/ /
	%		- -	/ /		/ /

GENERAL BACKGROUND

- | | |
|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | IS THIS BUSINESS CURRENTLY INVOLVED IN ANY LITIGATION? * |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE ANY OF THE OWNERS INVOLVED IN ANY LITIGATION? * |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | HAS THIS BUSINESS EVER FILED FOR BANKRUPTCY? * |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | HAVE ANY OF THE OWNERS EVER FILED FOR BANKRUPTCY? * |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | IS THERE A "BUY AND SELL" AGREEMENT BETWEEN THE OWNERS? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | IS THE "BUY AND SELL" AGREEMENT FUNDED BY LIFE INSURANCE? |

*ATTACH COMPLETE EXPLANATION

RELATED BUSINESS ENTITIES

NAME OF ANY BUSINESS IN WHICH THIS BUSINESS - / OR ITS OWNERS HAVE AN INTEREST				
BUSINESS NAME	Address	City	State	Zip

The Undersigned owner understands that the Surety will rely on the information contained in this APPLICATION QUESTIONNAIRE which consists of this page and pages 2 through 6. Your signature authorizes Thompson Surety Agency to: audit the application information, and obtain Credit Reports and determine our Surety bond credit ability. Any person who knowingly files an application for insurance or statement of claim containing any materially false information commits a fraudulent act, which is a crime, and may also be subject to a civil penalty, punishable under laws governing fraudulent insurance acts

SIGNED THIS ____ DAY OF _____ IN THE YEAR ____

Owner's Signature: _____



TRADE REFERENCES

SUPPLIER NAME	CONTACT	LARGEST ORDER	PHONE#	FAX#
		\$		
		\$		
		\$		
		\$		

LARGEST COMPLETED PROJECT REFERENCES

PROJECT NAME	PRICE	FINISHED	CONTACT	PHONE#	FAX #
	\$	/ /			
	\$	/ /			
	\$	/ /			
	\$	/ /			
	\$	/ /			



BANK REFERENCE FORM

BUSINESS ACCOUNT NAME:	TODAY'S DATE: / /
------------------------	-------------------------

BANK NAME:			
ADDRESS:	CITY:	STATE:	ZIP #:
CONTACT:	TITLE:	PHONE:	FAX #:

NOTE! THE FOLLOWING IS TO BE COMPLETED BY YOUR BANK

ACCOUNT BALANCES

DATE OPENED	CURRENT BALANCE	Average YEAR TO DATE	Average LAST YEAR
/ /	\$	\$	\$

GENERAL REFERENCE INFORMATION

THIS BUSINESS ACCOUNT ...

<input type="checkbox"/> YES <input type="checkbox"/> NO	IS WELL KNOWN TO THIS BANK
<input type="checkbox"/> YES <input type="checkbox"/> NO	IS HIGHLY REGARDED BY THIS BANK
<input type="checkbox"/> YES <input type="checkbox"/> NO	OWNER(S) IS PERSONALLY KNOWN BY THIS BANK
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE A CO-ENDORSER FOR OTHERS *
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE CURRENTLY INVOLVED IN LITIGATION OR LIENS

ACCOUNT LENDING HISTORY

INDICATE:

☐ THIS IS A NONE BORROWING ACCOUNT

☐ A LINE OF CREDIT HAS BEEN GRANTED AS FOLLOWS:

TOTAL LINE	DATE EXTENDED	AMOUNT UNUSED	Expiration Date
\$	/ /	\$	/ /

☐ YES ☐ NO UNSECURED

☐ YES ☐ NO SECURED STATE HOW SECURED:

☐ YES ☐ NO ALL PAYMENTS ARE UP-TO-DATE IF "NO", EXPLAIN: _____

☐ WE HAVE EXTENDED REAL ESTATE LOAN(S) AS FOLLOWS:

☐ WE HAVE EXTENDED EQUIPMENT LOAN(S) AS FOLLOWS:

LOAN AMOUNT	EQUIPMENT / REAL ESTATE	REPAYMENTS MADE	EXPIRE DATE
\$		\$	/ /
\$		\$	/ /
\$		\$	/ /

☐ YES ☐ NO ALL PAYMENTS ARE UP-TO-DATE

IF "NO", EXPLAIN: _____

SIGNATURE of BANK OFFICER: _____ TITLE _____ DATE ____/____/____



PERSONAL FINANCIAL STATEMENT

as of / /

NAME:		SPOUSE'S NAME	
ADDRESS:	CITY:	STATE:	ZIP #:
HOME PHONE #:	E-MAIL #:		

ASSETS	DOLLARS ONLY	LIABILITIES	DOLLARS ONLY
Cash in Banks or on hand		Note Payable to Banks - Secured	
U.S. Government Securities		Note Payable to Banks - Unsecured	
Marketable Securities		Due on Margin Account(s)	
Restricted or Controlled Stock		Due Stock Broker(s)	
Non Marketable Stock - <i>Schedule A</i>		Amounts Payable - Secured	
Cash Value Life Policies		Life Policies -Cash Borrowed	
Retirement Funds - IRA - 401K		Retirement Funds Borrowed	
Real Estate Holdings - <i>Schedule B</i>		Mortgages Payable - <i>Schedule B</i>	
Loans Receivable		Credit Cards and other Payable	
Personal Property - Autos - etc.		Other Payable	
Other Assets		TOTAL LIABILITIES	
		NET WORTH (Assets-Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES + NET WORTH	

INCOME SOURCES -	JOINT	PERSONAL PROFILE	
Salary + Bonuses + Commissions		Are you a Partner in other entities	<input type="checkbox"/> Y <input type="checkbox"/> N
Dividends + Interest Income		Are any assets pledged	<input type="checkbox"/> Y <input type="checkbox"/> N
Real Estate Income		Are you a U. S. Citizen(s)	<input type="checkbox"/> Y <input type="checkbox"/> N
Other Income		Are your Federal Taxes settled	<input type="checkbox"/> Y <input type="checkbox"/> N
TOTAL INCOME		Have you ever declared Bankruptcy	<input type="checkbox"/> Y <input type="checkbox"/> N

SCHEDULE - A: NON MARKETABLE SECURITIES					
Description	Owned By	Cost	Dollar Value	Value Source	# Shares

SCHEDULE - B: REAL ESTATE HOLDINGS					
Address Of Property	Cost	Owned By	Current Market Value	Mortgage Balance	Balance Due Date
					/ /
					/ /
					/ /

The Undersigned owner understands that the Surety will rely on this information when deciding to extend and/or continue surety credit and accordingly represent that this information is complete and correct as stated. You are authorized to: audit this information, and obtain Credit Reports, to determine our Surety bond credit ability

Signed this ____ day of _____ in the year _____. Signature: _____



Surety Agency Bond Order Form

FAX BACK AT # (516) 349-5916

Date: _____ *Bond Type* _____ Final Bond _____ Bid Bond _____

PRINCIPAL(Contractor):

Address:

Phone #:

OBLIGEE(Owner):

Address:

PROJECT NO:

CONTRACT NO.:

Job description:

Contract Information

Bid Date:

Bid Bond %:

Contract Price:(approx.)

Start Date:

Performance %:

Payment %:

Completion Time:

Penalties:

Maintenance Period:

Retainage:

Required Bond Form:

BID RESULTS

Low Bidder:

Amount:

2nd Bidder:

Amount:

3rd Bidder:

Amount:

DELIVERY MODE

Date needed by: ____/____/____

Pick up at office____, FedEx____, UPS____, Other____, Acct. #_____

APPROVAL

APPROVED BY:

DATE:

Surety: _____

Fax #: _____