



Standard Contract Surety

Capacity up to \$40,000,000 for well qualified accounts.

Submissions should include:

- Contractor Questionnaire
- Most recent 3 fiscal year- end CPA prepared business financial statements
- · Current personal financial statements from all owners
- · Current Work on Hand form
- · Most recent business and all owners income tax returns
- For specific bond requests, a copy of the bid specifications or the contract to be bonded

We strongly encourage you to contact your local contract surety underwriter for additional details or clarifications.

The contractor, the owners and their spouses will be required to properly complete our General Indemnity Agreement.



Contractor's Profile

RLI Insurance Company Contractors Bonding and Insurance Company

Name of Firm:_						
Contracting Spe	ecialty:					
Physical Addres	SS:					
City, State, Zip:						
Phone Number		Fax N	Numbe	ər:		
Website:		Emai	l Addr	ess:		
TAX REPORTI	NG METHOD					
☐ Sub Chap ☐ Corporation		ship		Proprietorsh Limited Liab	nip pility Company	
Date Business	Started:	Tax I.	.D. Nu	ımber:		
Name of Prior E	Business (if applicable):					
<i>INSURANCE</i> Liability Insuran	ce Carrier:			Agent	:	
OFFICER INFO	PRMATION					
OFFICER (1)	Legal Name		Social	Security No.	Cell Phone No.	Percentage of Ownership
Email Address		Title and Responsibil	ity			
Spouse's Name (ch	neck here if not married)			Spouse's Socia	I Security No.	
OFFICER (2)	Legal Name		Social Security No. Cell Phone No.			Percentage of Ownership
Email Address		Title and Responsibil	ity			
Spouse's Name (ch	neck here if not married)			Spouse's Socia	l Security No.	
OFFICER (3)	Legal Name		Social	Security No.	Cell Phone No.	Percentage of Ownership
Email Address		Title and Responsibil	ity			'
Spouse's Name (ch	neck here if not married)			Spouse's Socia	l Security No.	
OFFICER (4)	Legal Name		Social	Security No.	Cell Phone No.	Percentage of Ownership
Email Address		Title and Responsibil	ity			'
Spouse's Name (ch	neck here if not married)	I		Spouse's Socia	l Security No.	
ls the full indem	nity of owners and spouses available	e? 🗌 Yes] No		

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KEY PERSONNEL						
Name		Position			Age	Experience
AFFILIATES List of Affiliated, Subsidiary, or Related co	mpanies in whi	ich this	firm or its stockho	olders have an	interes	t.
Name	Tax I.D. Nur	mber	% Ownership	Scop	oe of C	perations
GENERAL INFORMATION						
Percent of work sub-let?						
Policy on managing Subcontractors:	Bonds: 🗌 Y	′es	□ No Jo	oint Check:] Yes	□ No
Other:						
				-li /lil -l	- ul - 4u	
Have you been, or do you intend to becom speculative building?			ate development, ase attach full exp	-	ork, tur	nkey projects or
Ferritory of operations:						
s your firm union?						
Has the company or any officer, owner or If yes, give details:				Yes 🔲	No	
s your firm or any of its officers currently in If yes, give details:				No		
n regards to contractor's equipment: Is equipment adequate for work prog If not, what expenditures are anticipa Is the equipment owned or leased? _	ited?					
PRIOR SURETY						
Name			R	eason for Lea	ving	

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PRIOR EXPERIENCE/LARGEST JOBS

List four of your largest contracts.

	wner Name, Contact mation & Email Address	Description and Location of Job	Arch/Engineer Contact Information	Contract Price	Profit	Year Done
What	dollar size jobs do you fe	el best able to handle?				
	is the largest dollar amou	nt of uncompleted work on ha	and you have ever had at o	one time?		
Bondiı	ng Capacity Desired: Sin	gle Job Size:	Aggregate Wor	k Program:		
	PLIER/REFERENCES u pay your bills: ☐ wi	thin 30 days ☐ within	60 days	60 days		
Name	six (6) suppliers from v	which you buy most of your	materials			
	Name	Address	, City, State, Zip Code	E-m	nail or Fax Nu	mber
1.						
2.						
3.						
4.						
5.						
6.						
*Are th	nere anv claims or disput	es with any of your suppliers?	If yes, attach details.	☐ Yes	□ No	

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BANKING

At which bank(s) have you established a formal line of credit? (attach copy)

Bank	A	ddress		Line Amount	Collateral
Contact Person:				Telephone Numbe	r:
Email Address:				Fax Number:	
CONTINUITY					
Insured	Amount	E	Benefic	iary	Type-Whole Life, Term, Etc.
Is there a buy-sell agreement in effe		so, how is it funded not, attach a full ex			
Are there any trust agreements in ef ☐ Yes (if so, please attach a copy)		or will hold at some	future o	date, any of the con	npany stock or assets?
Are there any trust agreements in e ☐ Yes (if so, please attach a copy)		hold personal asse	ts?		
ACCOUNTING				Talanhana Numba	w.
Name of accounting firm:					r:
Associate handling your account: _				•	m/her? □ Yes □ No
Number of years this firm has prepa	ared financial statem	ents:		Tax returns:	
Fiscal year end:	Are tax	kes, both company	and per	sonal current?	☐ Yes ☐ No
Basis of preparation of Statements: Cash Completed Completed		Simple Accrual		% of Completion	n
Basis of preparation of Tax Paymer ☐ Cash ☐ Completed Co		Simple Accrual		% of Completion	n
How often are internal financial state ☐ Annually ☐ Semi-Annually		Quarterly		Monthly	
What accounting software do you u	se?				
The above answers are true to the pertinant inquiries as may be necorporations.					
Date:					
Signed:		Title:			



Work-On-Hand Schedule

Contractor's Name:		Contracts In Progress Date:									
Contrac and	ct Description Location	Contract Price Including Approved Change Orders	*Total Amount Billed To Date Including Retainage	Total Costs To Date	Revised Estimated Costs to Complete	Est. Completion Date					
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
40											
Contract Desc 1. 2. 3. 4. 5.	ing the Last Fiscal Year Or Sin	Final Contract Price	cts Report Total Cost	Gross Profit or Loss	*Do not include "claims" items." If desired, attacl This information prepare By: Date:	ed					
1.					J						
AGENT/BROKER INFORMATION	Agent/Broker Name	Agency Code	Phone No.	Fax No.	City	State					
AGENT'S RECOMMENDATION		with this applicant. licant and are aware of no advewell and offer our highest reco									

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.

SAMPLE BANK LETTER

Bank Letterhead

Date

RLI Insurance Company/Contractors Bonding and Insurance Company 9025 N. Lindbergh Drive Peoria, IL 61615

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

Mr. John Doe originally opened his	accounts with this institution on	and maintains the following account:
Business Checking Account: Acct. #00	00000-01; Current Balance = \$, 6 Mo. Avg. Bal. = \$
Business Checking Account: Acct. #00	00000-02; Current Balance = \$, 6 Mo. Avg. Bal. = \$
Personal Checking Account: Acct. #00	00000-03; Current Balance = \$, 6 Mo. Avg. Bal. = \$
Personal Savings Account: Acct. #100	00000-01; Current Balance = \$, 6 Mo. Avg. Bal. = \$
Certificate of Deposit in the name of _	No	Amount: \$ No
Term:; Open	ed:; Matures:	; Automatically Renewable: Yes No
Security:		; Expiration:;
		standing: \$
Very truly yours,		
By:(Bank Officer)(Typed Name and Tit		
(Typeu Name and Tit	.□ <i>)</i>	





Personal Financial Statement

MPORTANT: Read these directions before of	comple	eting thi	s Stateme	ent.				
If you are applying for individual credit in your own name and Sections 1 and 3.	are relyir	ng on your	own income	or assets of	another person as the ba	asis for repayment of the cre	edit requested	, complete only
If you are applying for joint credit with another person, comple	ete all Se	ctions prov	iding informa	tion in Section	on 2 about the joint appli	cant.		
If you are applying for individual credit, but are relying on inco of the credit requested, complete all Sections providing inform	me from	alimony, o	child support, o	or separate r	maintenance or on the in	come or assets of another p	person as a ba	asis for repayme
If this statement relates to your quaranty of the indebtedness							e or assers yo	u are relying.
O:	or ourier p	person(s),	iiiii(s), 01 coi	poration(s),	complete Sections 1 and	1 3.		
SECTION 1 - INDIVIDUAL INFORMATION	J.	D: 0		CECTI	ON 2 OTHER E		ION /T	D: 0
Name	v (Type	or Print)			ON 2 - OTHER F	PARTY INFORMAT	ION (Type	or Print)
Residence Address				Name Resident	ce Address			
City, State & Zip				City, Sta				
Position or Occupation				Position	or Occupation			
Business Name Business Address				Business				
City, State & Zip				City, Sta	Address			
Res. Phone Bus. Pho	one			Res. Pho	•	Bus. Pho	one	
SECTION 3 - STATEMENT OF FINANCIA	1 001	VIDITIO	N VS OE	•				
ASSETS		In Doll	ars		LIABILIT	ies		Dollars
(Do not include Assets of doubtful value)	()	Omit ce	ents)				(Omi	it cents)
Cash on hand and in banks			+	i i	yable to banks - secu			-+
U.S. Gov't. & Marketable Securities - see Schedule A Non-Marketable Securities - see Schedule B			-	Due to b	yable to banks - unse	ecurea		-+
Securities held by broker in margin accounts					payable to others - s	ecured		
Restricted or control stocks			1—		payable to others - u			
Partial interest in Real Estate Equities -					and bills due			
see Schedule C					ncome tax			
Real Estate Owned - see Schedule D					paid taxes and intere	st		
Loans Receivable					ate mortgages payabl			
Automobiles and other personal property				see Schedule D				
Cash value - life insurance - see Schedule E				Other de	bts - itemize			
Other assets - itemize								
					LIABILITIES			
			\dashv	NET W				-+
TOTAL ASSETS				TOTAL	LIAB. AND NET	「WORTH		
SOURCES OF INCOME FOR YEAR END	ED					ONAL INFORMATI	ON	
Salary, bonuses & commissions	\$			Do you h	ave a will?	If so, name of exec	cutor.	
Dividends Real estate income				A ==	ti i -		d = = = :!b =	
Real estate income Other income (Alimony, child support, or separate main	ntenance	e income	need not	Are you	a partner or officer in	any other venture? If so,	, describe.	
be revealed if you do not wish to have it considered						ony, child support or sepa	arate mainter	nance
obligation)				payment	s? If so, describe.			
				Are any	essets pladaed other	than as described on sch	nedules? If s	eo describe
TOTAL	\$, ue any	accord pieugeu ouitei	anan as aescribed on SCI	iouuica! II t	, acounte.
CONTINGENT LIABILITI				Income t	av cattled through (de	nto)		
Do you have any contingent Liabilities? If so, describe	-				ax settled through (da a defendant in any su			
As endorser, co-maker or guarantor?	\$				bank accounts carrie			
On leases or contracts?	\$			1				
Legal claims Other special debt	<u>\$</u> \$			House	Lover book dealess d	honkrupt? If as das		
Amount of contested income tax liens	<u>\$</u>			nave you	a ever been deciared	bankrupt? If so, describe	⊎.	
AGENT/BROKER Agent/Broker Name	,	Code	Phone No.		Fax No.	City	State	Zip
INFORMATION								

Number of Shar or Face Value (Bo]	Description		cription In Name Of		f	Are These Pledged?		Market Value	
		S	CHE	DULE B - NON-	MARKET	AB	LE SECURI	TIES			
Number of Shares		Descrip	ion		In I	Nan	ne Of	Are These Pledged?	Sou	rce of Value	Value
			EC-	PARTIAL INTE	RESTS I	N F	REAL ESTAT	TE EQUITIE	S		
Address & T	ype y	Title In Name O	f	% of Ownership	Date Acquire	d	Cost	Marke Value		Mortgage Maturity	Mortgage Amount
			S	CHEDULE D - I	REAL ES	TA	TE OWNED				
	ress & Typ f Property	e		Title In Name Of	Date Acquire	d	Cost	Marke Value		Mortgage Maturity	Mortgage Amount
	SCHEDU	LE E - LIFE IN	SUR	ANCE CARRIE	D, INCLU	DIN	NG N.S.L.I. A	AND GROU	P IN	SURANCE	
Nam Insurance				wner Of Policy	В	ene	eficiary	Face Amount		Policy Loans	Cash Surrence Value
			OR	FINANCE COM	IPANIES	_		,			
	& Address Lender	3		Credit In The Name C	Of		Secured Or Unsecured?	Original Date		High Credit	Current Balance
						+					
he undersigned nancial condition	n on the	date given ab	ove	and that the d	epositori	es	are hereby	authorized	d to	confirm any	inquiry mad
elative to monies				€.			-			- -	
ated this	d	av of			,						

(Sign here)

(Sign here)





Specific Bond Request Bid Bond

	l	
Agent		Agent Code
Address		
Phone	Date Requested	
Contractor		
Contractor Address		
Obligee		
Obligee Address		
Architect/Engineer (if sub, put general)		
Architect's/Engineer's		
Bid Date		
Invitation No. (federal)		
Estimated Contract Amount		
Percent Bid Bond Required		
Job Description (including location)		
Date Work Is To Begin		
Estimated Completion Date		
Penalty Clause		
How Payments Are To Be Made		
Liquidated Damages		
Warranty		

Subcontractors

(If any work is subbed out, list below; if none, so state)

Name	Trade	Phone	% of Contract	Bonded?





Specific Bond Request Performance & Payment Bond

Agent					А	gent Code							
Address													
Phone	Date Requested												
Contractor	Contractor												
Contractor	Contractor Address												
Obligee	Obligee												
Obligee Ad	Obligee Address												
Architect/E	ngineer (if sub, put gen	eral)											
Architect's	/Engineer's Address												
Contract A	mount												
Job Descri	ption (including locatio	n)											
Start Date													
Estimated (Completion Date												
Penalty Cla	iuse												
How Paymo	ents Are To Be Made												
Liquidated	Damages												
Warranty													
	(If a	Subcont	tractors ist below; if none, so stat	0)									
Nam	e and Address	Trade	Phone	e)	% of	Bonded?							
INAIII	e and Address		Priorie		Contract	Bollaea ?							
		BID R	esults										
Low		Name			Bio	1							
2nd													
3rd High													
iligii					l								