

**Huckleberry, Sibley & Harvey Insurance & Bonds, Inc.**

1020 N. Orlando Avenue, Suite 200

Maitland, FL 32751

Phone 407-647-1616

Fax 407-628-1635

Toll Free 800-474-5686

**Required Contract Bond Underwriting Information**

- 1) Corporate financial statements for the past three fiscal year ends and any current interim financial statements. Financial statements should be CPA prepared; Compilation, Review or Audited.
- 2) Current personal financial statements of all owners, major stockholders, and partners if applicable, form included.
- 3) Completed Contractor's Questionnaire, form included.
- 4) Personal resume on each key employee.
- 5) Resume on your company, which includes your company history and work performed.
- 6) Current bank letter of credit indicating the line of credit available and the bank's experience with your account, sample form included.
- 7) Reference letters from suppliers, owners, architects or any other people who would generally know the conduct of your business.
- 8) Completed work on hand schedule as of the current date, form included.
- 9) Current certificate of insurance with Huckleberry, Sibley & Harvey Insurance & Bonds, Inc. as the certificate holder with our Maitland address.

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 Phone: (407) 647-1616 - Fax: (407) 628-1635  
 Web: http://www.hshinc.com

**PERSONAL FINANCIAL STATEMENT**

[www.nasbp.org/toolkit](http://www.nasbp.org/toolkit)



Date Prepared: MM/DD/YY

**SECTION 1: PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: MM/DD/YY SSN: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_ Date of Birth: MM/DD/YY SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**\*\*\* NOTE: Complete Schedules A-H prior to completing Section 2. \*\*\***

**SECTION 2: STATEMENT OF FINANCIAL CONDITION AS OF MM/DD/YY**

Assets: (Do not include assets of doubtful value)	In Dollars (omit cents)	Liabilities:	In Dollars (omit cents)
Cash in Primary Bank: (checking & savings)	_____	Unsecured Debt: (Sch. G)	\$ _____ -
Cash & CD's in Other Banks: (Sch. A)	\$ _____ -	Current Bills Due:	_____
Stock Bonds & Marketable Securities: (Sch. B)	\$ _____ -	Real Estate Mortgages: (Sch. C)	\$ _____ -
Real Estate Owned: (Sch. C)	\$ _____ -	Secured Debt (Sch. H):	\$ _____ -
Cash Surrender: (Sch. D)	\$ _____ -	(other than real estate)	_____
Business Ventures: (Sch. E)	\$ _____ -	Taxes Payable:	_____
Notes Receivable: (Sch. F)	\$ _____ -	Other Debts & Liabilities: (specify)	_____
Personal Property: (jewelry, coins, collections, etc.)	_____	_____	_____
Automobiles, RV's, Boats:	_____	_____	_____
Other Assets: (specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL ASSETS:</b>	\$ _____ -	<b>TOTAL LIABILITIES:</b>	\$ _____ -
		<b>TOTAL NET WORTH:</b>	\$ _____ -
		<b>TOTAL LIABILITIES &amp; NET WORTH:</b>	\$ _____ -

Do you have a will?  Yes  No

Have you ever declared bankruptcy?  Yes  No

Accountant Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ### ### ####

Attorney Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ### ### ####

Do you have any... If "yes" to any questions, describe:

contingent liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	_____	_____
involvement in pending legal actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	_____	_____
other special circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	_____	_____
contested income tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	_____	_____

**SCHEDULE A: CASH AND CD'S IN OTHER BANKS**

Description:	Name of Institution:	In Name of:	Pledged or Held by Others?	Value:
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**SCHEDULE B: STOCKS, BONDS, MARKETABLE SECURITIES**

**BROKERAGE ACCOUNTS**

Name of Brokerage:	In Name of:	Pledged or Held by:	Cost:	Market Value:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**INDIVIDUAL SECURITIES NOT INCLUDED ABOVE (INCLUDE IRA AND 401K ACCOUNTS)**

# of Shares or Face Value:	Individual Securities:	In Name of:	Pledged or Held by:	Cost:	Market Value:	Retirement Account:
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SCHEDULE C: RESIDENCE AND OTHER REAL ESTATE**

Address and Type of Property:	Title in Name of:	Percentage Owned:	Year Acquired:	Cost:	Market Value:	Monthly Payment:	Mortgage Balance:	Maturity Year:

**SCHEDULE D: LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE**

Name of Insurance Company:	Owner of Policy:	Name of Insured:	Beneficiary and Relationship:	Face Amount:	Policy Loans:	Cash Surrender:

**SCHEDULE E: BUSINESS VENTURES AND OTHER ASSETS**

Name of Business:	Type of Business:	Years in Business:	Net Worth:	Percentage Owned:	Value of your Ownership Interest:
					\$ -
					\$ -
					\$ -
					\$ -

**SCHEDULE F: NOTES RECEIVABLE**

Due From:	Due Date:	Description	Monthly Payment:	Total Amount:

**SCHEDULE G: UNSECURED DEBT (CREDIT CARDS, ETC.)**

Name of Creditor:	Description of Debt:	Describe:	Monthly Payment:	Amount Owed:
<b>Total of All Credit Cards</b>		<b>Various credit card debt</b>		

**SCHEDULE H: SECURED DEBT (HELOC, VEHICLES, ETC.)**

Name of Creditor:	Original Loan/Line Amount:	Date of Loan:	Maturity Date:	Unsecured or Secured (List Collateral)	Monthly Payment:	Amount Owed:

This information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the surety of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a surety thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (applicant) \_\_\_\_\_

Date signed \_\_\_\_\_

Signature (co-applicant) \_\_\_\_\_

Date signed \_\_\_\_\_



**BUSINESS INFORMATION**

Name of Firm: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Firm Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: http:// \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Year Started: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Is your firm union?  Yes  No

Contracting Specialty: \_\_\_\_\_  
Geographic Area(s) of Operation: \_\_\_\_\_

Type of Business  C-Corp.  Sub S. Corp.  Part.  Prop.  LLC

**OFFICER INFORMATION**

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

<u>Legal Name</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Legal Name of Spouse</u>	<u>Spouse SSN</u>
1. _____	<u> / /</u> _____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____	_____	_____
2. _____	<u> / /</u> _____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____	_____	_____
3. _____	<u> / /</u> _____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____	_____	_____
4. _____	<u> / /</u> _____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____	_____	_____
5. _____	<u> / /</u> _____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____	_____	_____

Will the above individuals and spouses personally indemnify Surety?  Yes  No (explain below)

If No, explain: \_\_\_\_\_

Is there a buy/sell agreement among the owners of the business?  Yes  No

Is this agreement funded by life insurance?  Yes  No

**BUSINESS DETAILS**

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? If so, please attach explanation.

Yes  No

Is your firm or any of its owners or officers currently involved in any litigation? If so, please attach explanation.

Yes  No

What percentage of the firm's work is normally for: Government Agencies \_\_\_\_\_ Private Owners \_\_\_\_\_

What trades do you normally undertake with your own forces? \_\_\_\_\_

What percentage of the firm's work is normally subcontracted to others? \_\_\_\_\_

What trades do you normally subcontract? \_\_\_\_\_

What is your sub bonding policy? \_\_\_\_\_

What was your largest uncompleted backlog? Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_

What is the largest job you expect to do during the next year? \_\_\_\_\_

What is the largest backlog expected next year? \_\_\_\_\_

What is your expected annual volume? \_\_\_\_\_

Do you lease equipment?  Yes  No Type of lease: \_\_\_\_\_

What are the terms of the lease? \_\_\_\_\_

**FINANCIAL INFORMATION**

Name of CPA Firm: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Do you have a full time accountant on staff?  Yes  No Professional designations: \_\_\_\_\_

What accounting software do you use? \_\_\_\_\_

What estimating software do you use? \_\_\_\_\_

What job cost software do you use? \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Line of Credit: \$ \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## EXPERIENCE & REFERENCES

**Previous Bonding Companies:**

<u>Name:</u>	<u>Reason for Leaving:</u>
1. _____	_____
2. _____	_____
3. _____	_____

**List five of your largest contracts:**

<u>Job Name:</u>	<u>Contract Price:</u>	<u>Gross Profit:</u>	<u>Completion Date:</u>	<u>Bonded?</u>
1. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____	Phone/Fax Numbers: p: _____ f: _____			
2. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____	Phone/Fax Numbers: p: _____ f: _____			
3. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____	Phone/Fax Numbers: p: _____ f: _____			
4. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____	Phone/Fax Numbers: p: _____ f: _____			
5. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____	Phone/Fax Numbers: p: _____ f: _____			

**List five of your major suppliers:**

<u>Name</u>	<u>Phone/Fax Numbers</u>	<u>Contact</u>
1. _____	p: _____ f: _____	_____
2. _____	p: _____ f: _____	_____
3. _____	p: _____ f: _____	_____
4. _____	p: _____ f: _____	_____
5. _____	p: _____ f: _____	_____

**List five subcontractors (or contractors if you are a subcontractor) that you do business with:**

<u>Name</u>	<u>Phone/Fax Numbers</u>	<u>Contact</u>
1. _____	p: _____ f: _____	_____
2. _____	p: _____ f: _____	_____
3. _____	p: _____ f: _____	_____
4. _____	p: _____ f: _____	_____
5. _____	p: _____ f: _____	_____

**List three specialty trades you have done business with:**

<u>Name</u>	<u>Phone/Fax Numbers</u>	<u>Contact</u>
1. _____	p: _____ f: _____	_____
2. _____	p: _____ f: _____	_____
3. _____	p: _____ f: _____	_____

**KEY PERSONNEL**

*List additional personnel key to your operations:*

Name	Position	Birth Year	Yrs. Experience
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**LIFE INSURANCE INFORMATION**

*List any life insurance in effect on officers or key personnel:*

Name	Beneficiary	Amount	Insurance Company
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____

**BUSINESS INSURANCE INFORMATION**

*Provide information on your business insurance:*

Name of insurance broker/agency? \_\_\_\_\_

Agent's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

**SUBSIDIARIES AND AFFILIATES**

*List any subsidiaries and affiliates of the contracting firm:*

Firm Name	Ownership	Type of Business	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: \_\_\_\_\_

**Attachments:**

- Copies of the last three fiscal 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 financial statement for all indemnitors
- Bank Line of Credit Agreement
- Business Plan
- Buy/Sell Agreement
- Specimen Copy of Subcontract Agreement
- Certificate of Insurance
- Resumes of Owners/Key Employees
- Brochure and/or Letters of Recommendation about the accomplishments of your firm
- Other: please describe below:

**Applicant(s) hereby authorize the Surety to make such pertinent inquiry as may be necessary from 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:

Bank Letter Specimen  
On Bank Letterhead

Date

Dear Sir:

Please be advised that Name of bank has extended a amount unsecured Line of Credit to Name of Contractor. The line will carry the personal guarantee of the corporation's principal, Name of Principal. The line is, of course, subject to our availability of money and is contingent upon no material adverse change in the financial condition of the company.

Signed by officer of bank

A B C D E F G H I J K

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

www.nasbp.org/fookit



Contractor Name:  As Of:

Formula:  $=D+E$   $=D/(D+E)$   $=C-(D+E)$   $=HxG$

**Contract Totals**

Job Name & Number	Contract Price including Change Orders	Cost to Date	Estimated Cost to Complete	Estimated Total Cost	Estimated Percent Complete	Estimated Gross Profit	As-Bid Gross Profit	Earned Profit to Date	Billed To Date
16	0	0	0	0	0%	0	0	0	0
17	0	0	0	0	0%	0	0	0	0
18	0	0	0	0	0%	0	0	0	0
19	0	0	0	0	0%	0	0	0	0
20	0	0	0	0	0%	0	0	0	0
21	0	0	0	0	0%	0	0	0	0
22	0	0	0	0	0%	0	0	0	0
23	0	0	0	0	0%	0	0	0	0
24	0	0	0	0	0%	0	0	0	0
25	0	0	0	0	0%	0	0	0	0
26	0	0	0	0	0%	0	0	0	0
27	0	0	0	0	0%	0	0	0	0
28	0	0	0	0	0%	0	0	0	0
29	0	0	0	0	0%	0	0	0	0
30	0	0	0	0	0%	0	0	0	0
31	0	0	0	0	0%	0	0	0	0
32	0	0	0	0	0%	0	0	0	0
33	0	0	0	0	0%	0	0	0	0
34	0	0	0	0	0%	0	0	0	0
35	0	0	0	0	0%	0	0	0	0
36	0	0	0	0	0%	0	0	0	0
37	0	0	0	0	0%	0	0	0	0
38	0	0	0	0	0%	0	0	0	0
39	0	0	0	0	0%	0	0	0	0
40	0	0	0	0	0%	0	0	0	0
41	0	0	0	0	0%	0	0	0	0
42	0	0	0	0	0%	0	0	0	0
43	0	0	0	0	0%	0	0	0	0
44	0	0	0	0	0%	0	0	0	0
45	0	0	0	0	0%	0	0	0	0
46	0	0	0	0	0%	0	0	0	0
<b>Total</b>	0	0	0	0	0%	0	0	0	0