

# **CONTRACT SURETY SUBMISSION CHECKLIST**

**THE FOLLOWING INFORMATION IS REQUIRED ON EACH INITIAL SUBMISSION FOR CONTRACT BOND SURETY CREDIT:**

- \_\_\_\_\_ 1. FISCAL YEAR-END CPA PREPARED BUSINESS FINANCIAL STATEMENTS FOR THE PAST THREE YEARS.
- \_\_\_\_\_ 2. INTERIM FINANCIAL STATEMENT – IF THE FISCAL YEAR END STATEMENT IS MORE THAN SIX MONTHS OLD.
- \_\_\_\_\_ 3. AGING OF ACCOUNTS RECEIVABLE CONCURRENT WITH THE LAST BUSINESS FINANCIAL STATEMENT.
- \_\_\_\_\_ 4. AGING OF ACCOUNTS PAYABLE CONCURRENT WITH THE LAST BUSINESS FINANCIAL STATEMENT.
- \_\_\_\_\_ 5. CURRENT SCHEDULE OF ALL UNCOMPLETED CONTRACTS IN PROGRESS USING THE ATTACHED (OR SIMILAR) FORM.
- \_\_\_\_\_ 6. CURRENT BANK LETTER USING OUR FORMAT – TEMPLATE ATTACHED, PAGE 11.
- \_\_\_\_\_ 7. PERSONAL FINANCIAL STATEMENT AND MOST RECENT TAX RETURN ON ALL OWNERS OF THE COMPANY.
- \_\_\_\_\_ 8. FULLY COMPLETED, DATED AND SIGNED, CONTRACTORS SURETY QUESTIONNAIRE.
- \_\_\_\_\_ 9. RESUMES ON ALL OWNERS AND KEY EMPLOYEES.
- \_\_\_\_\_ 10. CERTIFICATE OF INSURANCE WITH CERTIFICATE HOLDER. PLEASE SHOW ALL COVERAGE'S IN FORCE

THIS INFORMATION IS REQUIRED TO PROPERLY EVALUATE YOUR ACCOUNT FOR SURETY CREDIT. WE MAY ASK FOR ADDITIONAL INFORMATION OR CLARIFICATION DURING THE UNDERWRITING PROCESS.



## **COVERAGES UNLIMITED INC**

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## CONTRACTOR'S SURETY QUESTIONNAIRE

THE PURPOSE OF THE CONTRACTOR'S SURETY QUESTIONNAIRE IS TO DEVELOP SUFFICIENT INFORMATION TO ASSIST THE UNDERWRITER IN EVALUATING THE CONTRACTOR'S QUALIFICATIONS IN ORDER THAT THE UNDERWRITER WILL BE IN A POSITION TO PROVIDE THE MAXIMUM BONDING CAPACITY. ALL INFORMATION MUST BE COMPLETE. IF SPACE IS INADEQUATE, PLEASE ATTACH ADDITIONAL PAGES.

### GENERAL BUSINESS INFORMATION:

COMPANY NAME (AS LICENSED): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE & ZIP CODE)

MAILING ADDRESS: \_\_\_\_\_

BUS. PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ FAX No: (\_\_\_\_) \_\_\_\_-\_\_\_\_ FED ID No: \_\_\_\_-\_\_\_\_

DATE OF INCORPORATION \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE BUSINESS STARTED: \_\_\_\_/\_\_\_\_/\_\_\_\_

TYPE OF FIRM: [ ] CORPORATION [ ] PARTNERSHIP [ ] PROPRIETORSHIP [ ] SUB S CORPORATION

TYPE OF CONSTRUCTION WORK PERFORMED: \_\_\_\_\_

LIST ALL STATE CONTRACTOR'S LICENSES HELD BY YOUR COMPANY:

<u>STATE</u>	<u>LICENSE NO.</u>	<u>CLASSIFICATION – TYPE OF WORK</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. HOW MUCH OF YOUR WORK IS PERFORMED AS: GENERAL: \_\_\_\_% SUBCONTRACTOR \_\_\_\_%

2. WHAT PERCENTAGE OF YOUR WORK IS NORMALLY SUBCONTRACTED: \_\_\_\_%

3. WHAT TRADES DO YOU NORMALLY SUBCONTRACT: \_\_\_\_\_

4. ARE SUBCONTRACTORS REQUIRED TO BOND BACK? YES\_\_\_\_ NO\_\_\_\_

5. WHAT TRADES DO YOU NORMALLY UNDERTAKE WITH YOUR OWN FORCES: \_\_\_\_\_

6. WHAT IS THE AVERAGE BREAKDOWN OF YOUR FIRM'S CONSTRUCTION INCOME:

GOVERNMENTAL AGENCIES: \_\_\_\_% PUBLIC WORK: \_\_\_\_% PRIVATE

COMMERCIAL: \_\_\_\_% PRIVATE RESIDENTIAL: \_\_\_\_%

7. WHAT IS YOUR AVERAGE JOB SIZE? \$ \_\_\_\_\_

8. WHAT WAS THE LARGEST PROJECT COMPLETED BY YOUR COMPANY?

\$ \_\_\_\_\_ DATE COMPLETED (MO/YR)? \_\_\_\_/\_\_\_\_

WHO WERE YOU UNDER CONTRACT WITH ON THIS PROJECT (NAME, ADDRESS, PHONE NUMBER, PERSON TO CONTACT)? \_\_\_\_\_

PROJECT NAME, NUMBER & LOCATION: \_\_\_\_\_

9. WHAT ARE YOUR ANTICIPATED BOND NEEDS FOR THE NEXT 12 MONTHS?

SINGLE BOND AMOUNT: \$ \_\_\_\_\_ NO. OF JOBS AT ONE TIME: \_\_\_\_\_

10. WHAT IS THE LARGEST JOB YOU EXPECT TO UNDERTAKE DURING THE NEXT YEAR?

\$ \_\_\_\_\_

11. WHAT IS YOUR EXPECTED ANNUAL VOLUME FOR NEXT YEAR? \$ \_\_\_\_\_

12. WHAT WAS YOUR LARGEST WORK PROGRAM (UNCOMPLETED WORK-ON-HAND) IN THE LAST 3

YEARS? TOTAL AMOUNT: \$ \_\_\_\_\_ WHEN (MO/YR): \_\_\_\_/\_\_\_\_

NO. OF JOBS THIS ENTAILED: \_\_\_\_\_

13. LIST KEY PERSONNEL: (OFFICERS, ESTIMATORS, BOOKKEEPERS, FOREMEN, SUPERVISORS, ETC.)

NAME	POSITION	DOB	YRS EXPER.	PREVIOUS EMPLOYER

14. LIST ANY LIFE INSURANCE IN FORCE ON OWNERS AND/OR KEY PERSONNEL:

NAME OF INSURED      BENEFICIARY      AMOUNT

A. \_\_\_\_\_ \$ \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

B. \_\_\_\_\_ \$ \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

C. \_\_\_\_\_ \$ \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

15. IS THERE A BUY/SELL AGREEMENT IN EFFECT? \_\_\_\_\_

HOW IS IT FUNDED? \_\_\_\_\_

WHAT CONTINUITY PROVISIONS DO YOU HAVE IN PLACE FOR THE CONTINUATION OF THE COMPANY? \_\_\_\_\_

WHO WILL COMPLETE CURRENT PROJECTS SHOULD SOMETHING HAPPEN TO THE OWNERS AND/OR OTHER KEY EMPLOYEES? \_\_\_\_\_

ARE THERE ANY BENEFITS FOR THEM TO DO SO? \_\_\_\_\_

16. ARE THERE ANY LOANS DUE FROM THE OWNERS AND/OR EMPLOYEES OF THE COMPANY?

YES \_\_\_\_\_ NO \_\_\_\_\_

17. HAS YOUR FIRM OR ANY OF ITS OWNERS OR OFFICERS EVER PETITIONED FOR BANKRUPTCY, FAILED IN BUSINESS OR DEFAULTED ON ANY PROJECT? (IF YES, ATTACH FULL EXPLANATION)

YES \_\_\_\_\_ NO \_\_\_\_\_

18. IS YOUR FIRM OR ANY OF ITS OWNERS OR OFFICERS CURRENTLY INVOLVED IN LITIGATION? (IF YES, ATTACH FULL EXPLANATION) YES \_\_\_\_\_ NO \_\_\_\_\_

19. LIST ANY SUBSIDIARIES AND AFFILIATES OF THIS FIRM:

FIRM NAME      OWNERSHIP      TYPE OF BUSINESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. WAS THERE A PREDECESSOR FIRM? \_\_\_\_\_

FINANCIAL INFORMATION

BANKING:

NAME OF BANK: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ YEARS WITH THIS BANK: \_\_\_\_\_  
(STREET, CITY, STATE & ZIP CODE)

HAVE YOU ESTABLISHED A LINE OF CREDIT? \_\_\_\_\_ IF YES, AMOUNT: \$ \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_/\_\_\_\_/\_\_\_\_ SECURITY ON LOC: \_\_\_\_\_  
(ATTACH COPY OF CREDIT/LOAN AGREEMENT)

BANK OFFICER: \_\_\_\_\_

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ACCOUNTING & FINANCIAL:

NAME OF ACCOUNTING FIRM: \_\_\_\_\_ PHONE No:(\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME OF ACCOUNTANT: \_\_\_\_\_ YEARS WITH THIS FIRM: \_\_\_\_\_

STATEMENTS ARE PREPARED ON WHAT BASIS: \_\_\_\_\_COMPILATION \_\_\_\_\_REVIEW \_\_\_\_\_AUDIT

METHOD OF PREPARATION: \_\_\_\_\_ % OF COMPLETION \_\_\_\_\_COMPLETED CONTRACT \_\_\_\_\_CASH

ON WHAT BASIS ARE TAXES PAID? \_\_\_\_\_% OF COMPLETION \_\_\_\_\_COMPLETED CONTRACT \_\_\_\_\_CASH

WHAT IS YOUR FISCAL YEAR-END? \_\_\_\_\_  
(ATTACH LAST 3 FISCAL YEAR-END BUSINESS FINANCIAL STATEMENTS)

HOW OFTEN ARE FINANCIAL STATEMENTS PREPARED? \_\_\_\_\_

HAVE OPERATIONS BEEN PROFITABLE SINCE LAST STATEMENT DATE? YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT TYPE OF ACCOUNTING SYSTEM DO YOU USE? COMPUTER \_\_\_\_\_ MANUAL \_\_\_\_\_

IF COMPUTERIZED, WHAT SOFTWARE DO YOU RUN AND WHAT PORTIONS DO YOU USE? \_\_\_\_\_

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DO YOU CURRENTLY HAVE ANY DISPUTED OR QUESTIONABLE RECEIVABLES? YES \_\_\_\_\_ NO \_\_\_\_\_  
(IF YES, ATTACH SEPARATE SHEET WITH EXPLANATION)

WHAT PERCENTAGE OF YOUR RECEIVABLES ARE MORE THAN 60 DAYS OLD (NOT INCLUDING RETENTION)? \_\_\_\_\_

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**JOB COSTING:**

ARE JOB COST RECORDS KEPT?

HOW OFTEN ARE THEY REVIEWED? \_\_\_\_\_ WHO REVIEWS? \_\_\_\_\_

HOW OFTEN ARE THEY UPDATED? \_\_\_\_\_

ARE JOB COST RECORDS KEPT BY PROJECT? \_\_\_\_\_

WHO IS RESPONSIBLE FOR MAINTAINING THE RECORDS? \_\_\_\_\_

WHAT REPORTS DO YOU USE TO MONITOR PROJECTS? \_\_\_\_\_

WHAT TYPES OF RECORDS ARE MAINTAINED? \_\_\_\_\_

**BONDING & INSURANCE**

NAME OF INSURANCE AGENCY: \_\_\_\_\_ PHONE No: (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME OF AGENT: \_\_\_\_\_

PRESENT OR MOST RECENT SURETY COMPANY: \_\_\_\_\_ PHONE No: (\_\_\_\_) \_\_\_\_\_

YEARS WITH THIS SURETY COMPANY: \_\_\_\_\_ How MANY BID BONDS DID YOU USE LAST YEAR? \_\_\_\_\_

How MANY FINAL BONDS DID YOU NEED LAST YEAR? \_\_\_\_\_

LARGEST PROJECT BONDED BY THIS SURETY COMPANY: \$ \_\_\_\_\_ WHEN (MO/YR): \_\_\_\_/\_\_\_\_

**CONTRACTOR REFERENCES**

LIST THE 5 LARGEST PROJECTS COMPLETED IN THE LAST 3 YEARS:

I. OWNER OR G.C.: \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

PROJECT NAME & No.: \_\_\_\_\_

CONTRACT AMOUNT \$ \_\_\_\_\_ GROSS PROFIT \_\_\_\_\_

DESCRIPTION & LOCATION OF WORK: \_\_\_\_\_

\_\_\_\_\_

II. OWNER OR G.C.: \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_  
PROJECT NAME & No.: \_\_\_\_\_  
CONTRACT AMOUNT \$ \_\_\_\_\_ GROSS PROFIT \_\_\_\_\_  
DESCRIPTION & LOCATION OF WORK: \_\_\_\_\_  
\_\_\_\_\_

III. OWNER OR G.C.: \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_  
PROJECT NAME & No.: \_\_\_\_\_  
CONTRACT AMOUNT \$ \_\_\_\_\_ GROSS PROFIT \_\_\_\_\_  
DESCRIPTION & LOCATION OF WORK: \_\_\_\_\_  
\_\_\_\_\_

IV. OWNER OR G.C.: \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_  
PROJECT NAME & No.: \_\_\_\_\_  
CONTRACT AMOUNT \$ \_\_\_\_\_ GROSS PROFIT \_\_\_\_\_  
DESCRIPTION & LOCATION OF WORK: \_\_\_\_\_  
\_\_\_\_\_

V. OWNER OR G.C.: \_\_\_\_\_ PERSON TO CONTACT \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_  
PROJECT NAME & No.: \_\_\_\_\_  
CONTRACT AMOUNT \$ \_\_\_\_\_ GROSS PROFIT \_\_\_\_\_  
DESCRIPTION & LOCATION OF WORK: \_\_\_\_\_  
\_\_\_\_\_

**LIST YOUR 5 LARGEST MATERIAL SUPPLIERS:**

I. SUPPLIER NAME: \_\_\_\_\_ PERSON TO CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

II. SUPPLIER NAME: \_\_\_\_\_ PERSON TO CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

III. SUPPLIER NAME: \_\_\_\_\_ PERSON TO CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

IV. SUPPLIER NAME: \_\_\_\_\_ PERSON TO CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

V. SUPPLIER NAME: \_\_\_\_\_ PERSON TO CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**LIST 3 ARCHITECTS OR ENGINEERS WHO ARE FAMILIAR WITH YOUR WORK:**

I. FIRM NAME: \_\_\_\_\_ PERSON TO CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

II. FIRM NAME: \_\_\_\_\_ PERSON TO CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

III. FIRM NAME: \_\_\_\_\_ PERSON TO CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



COMPANY OWNERSHIP

LIST ALL OWNERS AND/OR STOCKHOLDERS OF THE COMPANY

NAME: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_ % OWNERSHIP: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE & ZIP CODE)

SSN: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_/\_\_\_\_ SPOUSES NAME: \_\_\_\_\_

SPOUSES EMPLOYER: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

PERSONAL BANK: \_\_\_\_\_ SPOUSE'S SSN: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_ % OWNERSHIP: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE & ZIP CODE)

SSN: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_/\_\_\_\_ SPOUSES NAME: \_\_\_\_\_

SPOUSES EMPLOYER: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

PERSONAL BANK: \_\_\_\_\_ SPOUSE'S SSN: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_ % OWNERSHIP: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE & ZIP CODE)

SSN: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_/\_\_\_\_ SPOUSES NAME: \_\_\_\_\_

SPOUSES EMPLOYER: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

PERSONAL BANK: \_\_\_\_\_ SPOUSE'S SSN: \_\_\_\_\_

IMPORTANT – PLEASE READ CAREFULLY

EACH OF 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 EXTENSION, MODIFICATION, OR RENEWAL THEREOF, OR SUBSTITUTION THEREFORE. EACH OF THE UNDERSIGNED FURTHER AFFIRMS THAT HE UNDERSTANDS THE BOND(S) APPLIED FOR IS CREDIT RELATIONSHIP, AND HEREBY AUTHORIZES THE SURETY, OR ITS AUTHORIZED AGENT, \_\_\_\_\_, TO GATHER SUCH CREDIT INFORMATION AS IT CONSIDERS NECESSARY AND APPROPRIATE FOR PURPOSES OF EVALUATING WHETHER SUCH CREDIT SHOULD BE GRANTED.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_  
(PRESIDENT, PARTNER OR PROPRIETOR)

By: \_\_\_\_\_  
(CORPORATE SECRETARY, VICE PRESIDENT OR PARTNER)

**PROFESSIONAL REFERENCES:**

(NAME, ADDRESS, PHONE NUMBER, LENGTH OF TIME ACQUAINTED)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ TIME ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ TIME ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ TIME ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ TIME ACQUAINTED: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING:**

- 1) LAST 2 FISCAL YEAR-END BUSINESS FINANCIAL STATEMENTS OR IF NOT AVAILABLE SUBMIT BUSINESS TAX RETURNS FOR LAST 2 YEARS.
- 2) PERSONAL FINANCIAL STATEMENTS AND TAX RETURNS FOR ALL OWNERS FOR THE LAST 2 YEARS.
- 3) COPIES OF BANK ACCOUNT STATEMENTS WITH RECONCILIATIONS CONCURRENT WITH LAST BUSINESS AND PERSONAL FINANCIAL STATEMENTS OR TAX RETURNS TO VERIFY CASH BALANCES INDICATED ON STATEMENTS.
- 4) COPIES OF CERTIFICATE OF INSURANCE WITH AIA ADDED AS CERTIFICATE HOLDER.

**PLEASE COMPLETE THE FOLLOWING FORMS:**

- 1) AGING OF ACCOUNTS RECEIVABLE
- 2) AGING OF ACCOUNTS PAYABLE
- 3) CURRENT SCHEDULE OF UNCOMPLETED WORK
- 4) SCHEDULE OF COMPLETED CONTRACTS
- 5) RESUMES ON OWNERS AND KEY EMPLOYEES

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# "TEMPLATE"

## BANK LETTER OF CUSTOMER RELATIONSHIP

PLEASE TAKE THIS FORM TO YOUR BANK AND REQUEST THAT THEY WRITE, ON THE BANKS LETTERHEAD, A LETTER ADDRESSED TO:

OUR BUSINESS IS TO ESTABLISH AND PLACE BONDS FOR OUR CLIENTS. ONE OF THE REQUIREMENTS OF BONDING IS FOR US TO OBTAIN A REFERENCE LETTER FROM YOUR CLIENT'S BANK.

THIS LETTER SHOULD INCORPORATE ANSWERS TO THE QUESTIONS BELOW:

1. DATE ACCOUNT OPENED
2. AVERAGE CHECKING BALANCE FOR THE PAST TWELVE (12) MONTHS AND PRESENT CHECKING AND SAVINGS BALANCE.
3. WE NEED TO KNOW THE DOLLAR FIGURE OF THE LINE OF CREDIT AVAILABLE AND THE DOLLAR FIGURE OF THE PRESENT AMOUNT IN USE. WE ALSO NEED TO KNOW THE EXPIRATION DATE OF THE LINE, IF THE LINE IS SECURED, SECURED TAKEN, OR IF UNSECURED.

IT IS VERY IMPORTANT THAT YOUR LETTER SHOWS THE FIGURES OF THE LINE OF CREDIT AS WELL AS THE PRESENT AMOUNT IN USE. WORKING CAPITAL IS AN IMPORTANT PART OF THE BONDING AND A LINE IS CONSIDERED PART OF THE WORKING CAPITAL. IF WE DO NOT HAVE THIS INFORMATION WE CANNOT PLACE AN ACCOUNT FOR BONDING.

4. AMOUNT AND TERMS OF EXISTING LOANS.
5. GENERAL RECOMMENDATIONS AS TO CHARACTER, BUSINESS QUALIFICATIONS, ETC.



Schedule of all Uncompleted Work-in-Progress

Name of Contractor:	Date As Of:	
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Job Name & Number	Start Date	Estimated Date to Complete	Bonded (yes/no)	Contract Price	Total Billed to Date	Total Cost Date	Total Revised Cost Remaining to Complete	Total Project Costs at Completion	Estimated Gross Profit or Loss at Completion
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Contracts Completed Since Last Report Dated			
Contract Description	Final Contract Price Including Approved Change Orders	Original Estimate of Gross Profit	Final Gross Profit (Loss)

1) Do any billings include unapproved claims on disputed items?  
 \_\_\_YES \_\_\_NO

2) Are any contracts behind schedule and subject to penalty?  
 \_\_\_YES \_\_\_NO

If yes to either 1 or 2 above, attach complete explanation.

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For Surety Use Only: