

# **PINNACLE SURETY & INSURANCE SERVICES**

## **Performance and Bid Bond**

### **Δ Submission Requirements Δ**

1. Request for Bid or Performance Bond (form attached).
2. Contractor's Questionnaire (form attached).
3. Business Financial Statements for the past three (3) years. (If last Fiscal Year End is more than six (6) months old, then please provide a current interim financial statement).
4. Personal financial statement of each owner (less than one year old - form attached).
5. Current Work on Hand Schedule (form attached).
6. Business Bank Reference (form attached).
7. Resume of all key personnel (form attached).
8. Copy of Contractors State License.
9. Copy of General Liability Insurance.
10. Copy of Articles of Incorporation.
11. Copy of Living Trust or Family Trust if applicable

If you have any questions, please call.

# PINNACLE SURETY & INSURANCE SERVICES

## BOND REQUEST

I. Contractor /Principal: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fed Ex/UPS #: \_\_\_\_\_

***What is the total cost to complete of jobs under construction? \$*** \_\_\_\_\_ (IMPORTANT)  
(Column 8 total on the WORK IN PROGRESS SCHEDULE)

II.  **BID BOND**

Date of Bid: \_\_\_\_\_

Time of Bid \_\_\_\_\_

Percentage of Bid Bond \_\_\_\_\_ %

Estimated Contract/Bid Price \$ \_\_\_\_\_

Engineers Estimate \$ \_\_\_\_\_

Project / Solicitation No.: \_\_\_\_\_

Bond Form:  Owner/Obligee Form

Surety/Generic Form

Must FAX:  Notice to Bidders Page/Face Sheet of Spec

III.  **FINAL BOND**

Contract Amount \$ \_\_\_\_\_

Percentage of Performance \_\_\_\_\_ %

Percentage of Payment \_\_\_\_\_ %

Contract Date \_\_\_\_\_

Number of Originals \_\_\_\_\_

Date Needed \_\_\_\_\_

Contract Number \_\_\_\_\_

Bond Form:  Owner/Obligee Form

Surety/Generic Form

Required Information:  Bid Results from the Owner

Negotiated?

Enclose the Contract / Agreement

IV. Owner / Obligee: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Fax No. (\_\_\_\_) \_\_\_\_\_

V. Project Name: \_\_\_\_\_

Your Scope of Work \_\_\_\_\_

Liquidated Damages:  YES  NO If yes, amount: \$ \_\_\_\_\_ per \_\_\_\_\_

Approx. Start Date: \_\_\_\_\_ Approx. Completion Date: \_\_\_\_\_ Time to Complete: \_\_\_\_\_

Length of Warranty: \_\_\_\_\_ Subcontractor Involved:  YES  NO % Subcontracted: \_\_\_\_\_ %

City the work is being done: \_\_\_\_\_ %Retainage: \_\_\_\_\_ %Material \_\_\_\_\_ %Labor \_\_\_\_\_ %Profit \_\_\_\_\_

### For Surety Use Only:

Approved  Declined Rate: \_\_\_\_\_ Bid Bond # \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_ Surety: \_\_\_\_\_ SBA: \_\_\_\_\_ Final Bond # \_\_\_\_\_

By: \_\_\_\_\_  NAL By: \_\_\_\_\_

Conditions: \_\_\_\_\_

BB's: \_\_\_\_\_  FC: \_\_\_\_\_

# PINNACLE SURETY & INSURANCE SERVICES CONTRACTORS QUESTIONNAIRE

We welcome the opportunity to secure bonding credit for your company. The purpose of this questionnaire is to assist us in evaluating your qualifications. Please complete this form as accurately as possible. Please answer every question.

**Organization and Background:** The Company name is the entity for which bonding is requested and is referred to in the Surety business as the "PRINCIPAL"

**COMPANY'S NAME:** (As it is filed with the Secretary of State or the IRS)

ADDRESS: _____ _____ TELEPHONE: _____ FAX: _____ CONTACT PERSON: _____ YEAR BUSINESS STARTED: _____ YEAR INCORPORATED _____ STATE OF INCORPORATION: _____ FISCAL YEAR END: _____ / _____ COMPANY WEBSITE ADDRESS: _____	<input type="checkbox"/> Corporation <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Joint Venture <input type="checkbox"/> Sole Proprietorship  FEDERAL TAX I.D. # _____ CONTRACTOR'S LICENSE #: _____ _____
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**CORPORATE OFFICERS**

President	Secretary
Vice President	Treasurer

**KEY PERSONNEL**

Name	Position	Time with Firm	Experience

**PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES** (Are any owners of this company connected with the ownership of another company?)

Name	Location	Owned By	Scope of Operations

**PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS AND EXPLAIN ALL "YES" ANSWERS ON AN ADDITIONAL PAGE OR IN THE COMMENTS SECTION ON PAGE 6 OF THIS QUESTIONNAIRE**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Has there been any change in the ownership of the company in the past two years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do you have a continuity plan? (In event of death or disability)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the company ever failed to complete a contract?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy or been in receivership? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Are there any liens filed against the company's or related entity's projects?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are you involved in any litigation?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Been in claim with a Surety?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Will your firm, subsidiaries and affiliates and all stockholders and their spouses willingly indemnify for any and all bonded obligations?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Has an owner been convicted of a felony or misdemeanor?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**OWNERSHIP**

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Are any assets of the company or any indemnitor (Owner) held in trust?  YES  NO  
If YES, list exact name of the Trust(s) below and provide a copy of the Trust


**SCOPE OF OPERATIONS**

Brief description of the type of work you engage in: \_\_\_\_\_

List the states in which you are operating and your contractor's license number:

State	Type	License #	State	Type	License #

What percentage of your work is performed as a General Contractor? \_\_\_\_\_% As a Subcontractor \_\_\_\_\_%

What percentage of your work do you subcontract to others? \_\_\_\_\_% Subcontractors Bond-Back? Yes No

Trades normally subcontracted:


Do you engage in any asbestos abatement or hazardous waste removal contracts? Yes No

Largest work on hand at any one time in the last two years was \$ \_\_\_\_\_ and consisted of \_\_\_\_\_ contracts.

What is the single largest contract you expect to obtain in the near future? \_\_\_\_\_ Expected sales next 12 mo. \_\_\_\_\_

**ACCOUNTING**

Name of Contact person at CPA Firm: \_\_\_\_\_

How many years has this firm prepared your Financial Statements? \_\_\_\_\_ Tax Returns \_\_\_\_\_

On what basis are financial statements prepared? Cash Accrual Completed Contract % of Completion

On what basis are taxes paid: Cash Accrual Completed Contract % of Completion

Do you have a full time bookkeeper/accounting person on staff? Yes No

Are job cost records kept? Yes No

Since the last statement date, have your operations been profitable? Yes No

If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

Is your firm current on all taxes: Withholding, Sales, Income, Miscellaneous? Yes No

If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

Are the owners/stockholders/indemnitors current on all taxes: Withholding, Sales, Income, Miscellaneous? Yes No

If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

Any Tax Liens? Yes No

If Yes, attach an explanation or answer in the additional comments section of this Questionnaire

**BANK REFERENCES**

Bank Name: \_\_\_\_\_ Your Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you have a line of credit? Yes No If yes, how secured? \_\_\_\_\_

Amount if Line? \$ \_\_\_\_\_ How much in use \$ \_\_\_\_\_ Renewal Date: \_\_\_\_\_

**BONDING**

Previous Bonding Company	Bond Rate	Agent/Broker	Reason for Leaving

**BONDING (CONTINUED)**

Has any collateral been deposited with any prior Surety?  Yes  No. If Yes, amount \$ \_\_\_\_\_

Has collateral been released?  Not Applicable  Yes  No

Largest single contract bonded \$ \_\_\_\_\_

Bonding Capacity desired: Single job size \$ \_\_\_\_\_ Total work on hand \$ \_\_\_\_\_

**INSURANCE**

Who is your Agent/Broker for insurance? \_\_\_\_\_

## Business Life Insurance

Insured	Company	Beneficiary	Amount

**List 5 principal material suppliers:**

1.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

2.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

3.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

4.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

5.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

**PROJECT REFERENCES (WORK EXPERIENCE)**

List the 4 largest contracts completed in the last 3 years:

1.

Owner/General Contractor		Phone No.:	
Address:		Fax No:	
		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

2.

Owner/General Contractor		Phone No.:	
Address:		Fax No:	
		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

3.

Owner/General Contractor		Phone No.:	
Address:		Fax No.:	
		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

4.

Owner/General Contractor		Phone No.:	
Address:		Fax No.:	
		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			





## PINNACLE SURETY & INSURANCE SERVICES

<b>CASH VALUE OF LIFE INSURANCE</b>					
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding	
<b>OTHER ASSETS</b>					
Description	Title Holder	Cost	Market Value	Age of Asset	
<b>LOANS PAYABLE</b>					
Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured	
<b>ACCOUNTS &amp; NOTES PAYABLE (Including Charge Accounts)</b>					
Payable to Whom	Address	Amount	Monthly Payment	Due Date	How Secured
<b>TAXES PAYABLE (State &amp; Federal)</b>					
Description	Amount	Date Payment is Due			
<b>OTHER LIABILITIES</b>					
Description	Payable to Whom	Amount	Monthly Payment	Due Date	How Secured

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish Pinnacle Surety & Insurance Services upon its request, with any information concerning or pertaining to the undersigned's and spouses financial standing, credit, or manner of meeting obligations. A copy of this agreement shall be considered the same as the original. This authorization to remain in force until rescinded by the applicant in writing.

I/We hereby certify and declare that the above statement presents accurately my/our financial condition to the best of my/our knowledge and belief and I/we hereby authorize and request any person, firm or corporation requested by Pinnacle Surety Services, Inc., concerning any transaction with the undersigned; and Pinnacle Surety Services, inc. is authorized to obtain information to confirm this financial statement and may furnish copies of the forgoing statement and any information which it now has or may hereafter obtain to other companies for the sole purpose of securing suretyship, co-suretyship and/or reinsurance.

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

# PINNACLE SURETY & INSURANCE SERVICES

\*\*\*\*\*Please take this directly to your bank\*\*\*\*\*

## BUSINESS BANK REFERENCE

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Bank Name)

\_\_\_\_\_  
(Address)

Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Depositor: \_\_\_\_\_

Account No.: \_\_\_\_\_

\*PLEASE MAKE A COPY FOR EACH ACCOUNT NUMBER BEING VERIFIED\*

△ TO BE FILLED OUT AND SIGNED BY A BANK REPRESENTATIVE △

TO BANK REPRESENTATIVE:

The above depositor has given your name as his banking reference in regard to his bonding application. In addition to the following information, any comments would be most helpful in determination of his bonding eligibility. Please use actual dollar amount.

1. Length of time with bank: \_\_\_\_\_
2. Total current cash balance: \_\_\_\_\_
3. Total average account balance for the past six (6) months: \_\_\_\_\_
4. Exact amount and terms of existing loans (if any): \_\_\_\_\_
5. Amount of established line of credit (if any): \_\_\_\_\_
6. Amount of line of credit used (if any): \_\_\_\_\_
7. How secured: \_\_\_\_\_
8. Date of expiration: \_\_\_\_\_
9. Loans? \_\_\_\_\_
10. High: \_\_\_\_\_
11. How handles: \_\_\_\_\_

△ Comments △

\_\_\_\_\_  
Date: \_\_\_\_\_, 20\_\_\_\_\_

By: \_\_\_\_\_  
(Title)

Thank you for taking the time to complete this information.

You can be assured any information given to our company will be held in the strictest confidence.

# PINNACLE SURETY & INSURANCE SERVICES

## PERSONAL RESUME OF PRINCIPAL AND KEY PERSONNEL

△ PLEASE MAKE NECESSARY BLANK COPIES △

Name: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Address, Street, City, Zip)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's employer, address, position, and length of employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you graduate from high school?  Yes  No

College: \_\_\_\_\_ to \_\_\_\_\_: \_\_\_\_\_  
\_\_\_\_\_

### △ BUSINESS AND PROFESSIONAL EXPERIENCE RELATING TO CONSTRUCTION AND/OR TYPE OF PROFESSION: △

Indicate firm name, length of time employed, occupation, largest project you were involved in and reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### △ PERSONAL REFERENCES △

Name, address, phone number, length of time acquainted and relationship to reference:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date