



Early, Cassidy & Schilling, Inc.

Insurance – Surety Bonds
Employee Benefits – Estate Planning



Organization and Background

1. Company Name: _____
2. Company Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
3. This company is a: Sole Proprietorship _____ Partnership _____
Corporation _____ LCC _____
4. How long in business: _____ If incorporated, incorporation date: _____
State: _____
5. List all Owners, Officers, and/or Partners of the company: *(if additional room is needed, please use another sheet)*

Name	Address	Social Security Number	Date of Birth	% Interest

6. Type(s) of service provided: _____

7. Territory (present and planned): _____
8. Customer Base: Who are your typical customers? _____

9. Does any one customer represent a significant concentration of your annual revenues? _____

10. Who are your major competitors? _____
11. Does your company typically use standard contracts for the work it performs or is each contract negotiated on a case by case basis? *(please attach a copy of a standard or typical contract)* _____

12. What is the average and maximum duration of your contracts? (six months, two years, etc.) _____

13. Normal Work Program (bonded and unbonded jobs):
Average job size: \$ _____
Maximum work on hand: \$ _____

14. Bonding capacity desired:

Single Bond: \$ _____

Total Bond Program: \$ _____

15. Largest contract completed to date (bonded or unbonded): \$ _____

Owner	Kind of Work and Location	Term	Name and Phone Number of Person to Contact	Approximate Contract Price	Year Completed	Dispute Y/N

16. List five largest contracts in the last three years (bonded or unbonded):

17. Name of current surety company: _____

Current Bond/Letter of Credit Rate: _____

Disputes and Litigation

18. Describe what would constitute default under one of your typical contracts: _____

19. Has your firm ever defaulted on a contract? If yes, please attach explanation. _____

20. Is your firm or any of its Owners/Officers currently involved in any litigation? If yes, please attach explanation. _____

21. Have the Owners or Company ever declared bankruptcy? If yes, please attach explanation. _____

Banking and Insurance

22. Name and address of Bank: _____

23. Bank Officer and phone number: _____

24. Line of credit established: _____ Current portion borrowed: \$ _____

25. How is credit secured? _____ Renewal dates: _____

26. Is personal indemnity of the Owner(s), Stockholder(s), and spouse(s) available for bonding purposes? _____

27. Type of insurance coverages in effect (e.g. Key Man Life Insurance, Product Liability, Error & Omissions, General Liability, etc.): _____
 _____ Limits: _____

References

28 List three owners you have performed work for that we may contact:

Owner	Telephone Number	Project

ATTACHMENTS- please include with application

- A. The last three fiscal financial statements of the applicant and all related companies.
- B. Personal financial statements of owners.
- C. Copy of most recent Certificates of Insurance.
- D. Copy of standard contract and bond form if specific form required.
- E. Copy of any company brochures.

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.

_____ Date: _____
Name and Title