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Email: [Surety@Chadler.com](mailto:Surety@Chadler.com)  
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**GENERAL INFORMATION**

1. Principal: \_\_\_\_\_  
(Full Legal Name of Entity)  
Address: \_\_\_\_\_
2. Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_ Email: \_\_\_\_\_
3. Business Structure:  Sole Proprietor  Partnership  "C" Corporation  "S" Corporation  LLC
4. Year Business Started: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_
5. Federal Tax ID #: \_\_\_\_\_ Name of Predecessor Company: \_\_\_\_\_
6. Area of Operation: \_\_\_\_\_ State licenses: \_\_\_\_\_  
a. Contracting Specialty: \_\_\_\_\_
7. Total # of Employees: \_\_\_\_\_ Office: \_\_\_\_\_ Field: \_\_\_\_\_
8. What percentage of the firm's work is normally for? Government Agencies: \_\_\_\_\_ Private Owners: \_\_\_\_\_  
a. Are these percentages expected to change within the next twelve (12) months?  Yes  No  
b. If yes, what are they expected to change to? Government Agencies: \_\_\_\_\_ Private Owners: \_\_\_\_\_
9. What trades do you normally subcontract? \_\_\_\_\_  
a. Do you require your subcontractors to provide a bond?  Yes  No  
b. What percentage of the firm's work is normally subcontracted? \_\_\_\_\_  
c. What trades do you normally perform with your own forces? \_\_\_\_\_
10. Is your firm Union?  Yes  No  
If so, which Unions? \_\_\_\_\_

**OWNERS & KEY EMPLOYEES**

11. Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_  
  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_  
  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Position: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

12. Are the owners personally involved in the business?  Yes  No
13. Are any of the officers/owners have a financial interest in, currently engaged in, or expected to engage in any form of real estate investment, development, building or any other form of speculative venture?  Yes  No  
 If yes, describe: \_\_\_\_\_
14. In addition to contracting, what other business activities are you engaged in or intend to engage in?  
 \_\_\_\_\_

**SUSIDIARIES & AFFILIATES**

15. Name	Address	Ownership	Type of Business	Tax ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BUSINESS CONTINUITY/JOB COMPLETION PLAN**

16. Is there a formal Buy-Sell Agreement in place?  Yes, please attach a copy.  No
- a. How is this Buy-Sell Agreement funded? \_\_\_\_\_
- b. Who is the Buy-Sell Agreement between? \_\_\_\_\_
- c. If no Buy-Sell is in effect, is there a Will in effect which addresses how ownership is to change?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- d. What arrangements have been made to assure contracts are completed in the event of the death or disability of the owner(s)?  
 \_\_\_\_\_

**LIFE INSURANCE**

17. Name of Insured	Amount	Insurance Company
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INSURANCE DATA**

18. Type	Amount	Insurance Company
General Liability Insurance	_____	_____
Pollution Liability Insurance (if applicable)	_____	_____
Worker's Compensation Insurance	_____	_____
Professional Liability Insurance	_____	_____

**BANK INFORMATION**

19. Type of Acct	Name	Relationship (Yrs)	Name of Representative	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. Line of Credit (LOC): \_\_\_\_\_ Expiration Date \_\_\_\_\_ LOC Balance: \_\_\_\_\_

21. Security for Line of Credit:
- Unsecured  Accounts Receivable  Inventory  Personal Endorsement  
 Contract Rights  Equipment  Real Estate

**ACCOUNTING & FINANCIAL REPORTING**

17. Firm Name \_\_\_\_\_ Address \_\_\_\_\_ Accountant \_\_\_\_\_ Phone # \_\_\_\_\_
- a. This firm is:  CPA  Public Accountant  Independent  Other \_\_\_\_\_
- b. How many years has this firm prepared your financial statements? \_\_\_\_\_ Tax Returns? \_\_\_\_\_
18. Fiscal Year-End: \_\_\_\_\_
19. Staff Accountant?  Yes  No
- a. If, yes name of staff accountant: \_\_\_\_\_ # Years employed: \_\_\_\_\_
20. Year of last IRS Audit? \_\_\_\_\_ Results: \_\_\_\_\_
21. Have your operations been profitable since the last statement date?  Yes  No
- a. Since the last statement was there any changes in your financial condition?  Yes  No
22. Tax preparation:  Cash  Accrual  Completed Project  % of Completion

**JOB EXPERIENCE**

23. Largest single job completed in the last five (5) years: \_\_\_\_\_ Year: \_\_\_\_\_
24. Largest incomplete job: \_\_\_\_\_ Year: \_\_\_\_\_
25. Largest single job ever completed: \_\_\_\_\_ Year: \_\_\_\_\_
26. Average Single Job: \_\_\_\_\_ Year: \_\_\_\_\_

**REFERENCES – JOB REFERENCES** - List the four largest job completed to date

27. Job Description: \_\_\_\_\_
- Obligee/Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Address: \_\_\_\_\_
- Contract Price: \_\_\_\_\_ Profit: \_\_\_\_\_
- Name of Surety: \_\_\_\_\_ Project term: \_\_\_\_\_
- Architect/Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Job Description: \_\_\_\_\_
- Obligee/Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Address: \_\_\_\_\_
- Contract Price: \_\_\_\_\_ Profit: \_\_\_\_\_
- Name of Surety: \_\_\_\_\_ Project term: \_\_\_\_\_
- Architect/Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Job Description: \_\_\_\_\_
- Obligee/Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Address: \_\_\_\_\_
- Contract Price: \_\_\_\_\_ Profit: \_\_\_\_\_
- Name of Surety: \_\_\_\_\_ Project term: \_\_\_\_\_
- Architect/Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Job Description: \_\_\_\_\_
- Obligee/Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Address: \_\_\_\_\_
- Contract Price: \_\_\_\_\_ Profit: \_\_\_\_\_
- Name of Surety: \_\_\_\_\_ Project term: \_\_\_\_\_
- Architect/Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

**REFERENCES - SUBCONTRACTORS** - List four major suppliers and/or subcontractors

27. Name	Address	Phone #	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SUITS, JUDGMENTS, DEFAULTS & CONTINGENT LIABILITIES**

28. Has any of your company(ies), officer(s), or partner(s) every filed bankruptcy?  Yes  No
- Has your company ever failed to qualify for a bond after an award?  Yes  No
- Has your company ever failed to complete a contract?  Yes  No
- Have any Mechanic's Liens been filed on your work?  Yes  No
- Has your bond credit ever been terminated by a surety?  Yes  No
- Has any of your company(ies), affiliate(s), subsidiary(ies) you now own or did own default on a bond?  Yes  No
- Are you acting as surety or bondsman for others?  Yes  No
- Are you acting as endorser(s) for others on their notes or accounts?  Yes  No
- Does your company or any officer or partner owe any money to bonding company?  Yes  No
- Are Federal, State and Local taxes for your company and all officers or partners current?  Yes  No
- Has any of your company(ies), officer(s), or partner(s), ever required any financial assistance or borrowed money from a surety company?  Yes  No

**SURETY PROFILE**

29. Name of Prior Sureties: \_\_\_\_\_
30. Name & Address of Present Surety : \_\_\_\_\_
- a. How long have you been with your present Surety? \_\_\_\_\_ Reason for changing: \_\_\_\_\_
- b. As an inducement for bonding are you currently providing:  Personal Indemnities  Collateral (LOC/Cash)  
 Additional Corporate Indemnities
- c. Are all owners & their spouses willing to personal indemnify the surety?  Yes  No
- d. Have you been turned down by your current surety?  Yes, attach explanation  No
- e. Has any of your company(ies), partner(s) or officer(s) ever caused a loss to a surety?  Yes, attach explanation  No

**CREDIT FILE SUBMISSION DOCUMENTS CHECKLIST** - Please check the documents that will be submitted to this form

- |                                                                                |                                                        |
|--------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Balance Sheet & Income Statement (In House)           | <input type="checkbox"/> Personal Tax Returns          |
| <input type="checkbox"/> Bank Line of Credit Agreement                         | <input type="checkbox"/> Personal Financial Statements |
| <input type="checkbox"/> Bank Statements                                       | <input type="checkbox"/> Work In Progress Schedule     |
| <input type="checkbox"/> Corporate Tax Returns                                 | <input type="checkbox"/> Aged Accounts Receivables     |
| <input type="checkbox"/> Corporate Tax Returns – Affiliate/Subsidiary          | <input type="checkbox"/>                               |
| <input type="checkbox"/> Corporate Year End Financial Statement (CPA prepared) | <input type="checkbox"/>                               |
| <input type="checkbox"/> Resumes                                               | <input type="checkbox"/>                               |

**RELEASE**

I authorize The Chadler Group, Inc., and/or the Surety to make inquiries as necessary to verify the accuracy of the statement made herein and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as the stated date(s). These statements are made for the purpose of obtaining surety credit and bonds

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Date

**FRAUD STATEMENT**

I understand that knowingly, and with intent to injure, defraud or deceive any insurer, filing a statement of claim or an application containing any false, incomplete or misleading information is subject to criminal and civil penalties and is guilty of a felony of the third degree.

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Date