

BONDSExpress

1937 Teall Ave., Syracuse, NY 13206

Phone: 1-800-331-5453 Fax: 1-877-824-8668

Email: ContractorBonds@BondsExpress.com

PLEASE NOTE THE FOLLOWING BEFORE CONTINUING:

THIS PROGRAM IS NOT CURRENTLY AVAILABLE

FOR JOBS LOCATED IN THE FOLLOWING STATES:

Alaska and Wyoming

**THIS PROGRAM IS *NOT AVAILABLE* FOR THOSE WHO
HAVE OPEN BANKRUPTCIES**

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Email: ContractorBonds@BondsExpress.com

Agent / Partner Code: _____

Return this form to:

Email _____

Fax _____

CCP— CONTRACTOR CREDIT PROGRAM ENROLLMENT APPLICATION

GENERAL COMPANY BACKGROUND

To avoid processing delays, please be sure to complete ALL questions & print clearly. Incomplete and/or illegible applications will not be processed.

1) Company Name _____ 2) Email _____
(Exact legal name as it appears on contractor's license)

3) Business Address _____
Street City County State Zip

4) Phone (_____) _____ Fax (_____) _____ Mobile (_____) _____

5) Year Started _____ 6) Fed. Tax ID # _____ 7) Website _____

8) Construction License(s) _____
(List license no. and state)

9) Contractor Specialty:

- | | | |
|--|---|---|
| <input type="checkbox"/> Excavation / Site Work | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Structural / Misc. Steel | <input type="checkbox"/> Carpentry / Millwork |
| <input type="checkbox"/> Roofing / Waterproofing | <input type="checkbox"/> Doors / Windows / Glass | <input type="checkbox"/> Drywall & Finishes |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Furnishings | <input type="checkbox"/> Special Construction |
| <input type="checkbox"/> Conveying Systems | <input type="checkbox"/> HVAC / Mechanical | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Special Trade / Other _____ | | |

10) Please provide the related business information below:

a) Business Type Corporation (Sub S Corp? Yes No) Partnership Sole Proprietor L.L.C.

b) Total number of employees: _____

c) Are you a certified: MBE WBE DBE Other _____

d) Do you currently outsource your payroll? Yes No

If yes, who is your payroll provider? _____

If yes, does your payroll provider provide your workers compensation? Yes No

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

If yes, is this agreement funded by life insurance? Yes No

12) This year's projected annual revenue: \$ _____

13) Prior year's actual annual revenue: \$ _____

14) List of Owners / Indemnitors (please provide information below on **all** owners; use additional sheet if necessary)

The undersigned hereby authorize Cinium Financial Services Corp. (the "Company") and its subsidiaries and affiliates, to request and review all data they deem appropriate about the undersigned, including credit, background and driver's license reports from agencies, now and for all future reviews, extensions, or renewals of surety credit to the undersigned or others. Such information will only be shared with the Company, its affiliates, subsidiaries, sureties or authorized agents for the purposes of underwriting and issuing surety credit to the undersigned or their affiliates.

Please print clearly. All owners / indemnitors and their spouses must sign. A minimum of two individual indemnitors affiliated with the operations of the company are required to qualify for bonding (an owner and spouse is sufficient). An unmarried owner requires a second individual to serve as an indemnitor.

<p>Full Legal Name _____</p> <p>Home Address _____</p> <p>City/State/Zip _____</p> <p>Email _____</p> <p>DOB _____ SS# _____</p> <p>Driver's License (State & No.) _____</p> <p>% Ownership _____ Position/Title _____</p> <p>Signature X _____</p> <p>Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Spouse Name _____</p> <p>DOB _____ SS# _____</p> <p>Signature X _____</p>	<p>Full Legal Name _____</p> <p>Home Address _____</p> <p>City/State/Zip _____</p> <p>Email _____</p> <p>DOB _____ SS# _____</p> <p>Driver's License (State & No.) _____</p> <p>% Ownership _____ Position/Title _____</p> <p>Signature X _____</p> <p>Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Spouse Name _____</p> <p>DOB _____ SS# _____</p> <p>Signature X _____</p>
<p>Full Legal Name _____</p> <p>Home Address _____</p> <p>City/State/Zip _____</p> <p>Email _____</p> <p>DOB _____ SS# _____</p> <p>Driver's License (State & No.) _____</p> <p>% Ownership _____ Position/Title _____</p> <p>Signature X _____</p> <p>Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Spouse Name _____</p> <p>DOB _____ SS# _____</p> <p>Signature X _____</p>	<p>Full Legal Name _____</p> <p>Home Address _____</p> <p>City/State/Zip _____</p> <p>Email _____</p> <p>DOB _____ SS# _____</p> <p>Driver's License (State & No.) _____</p> <p>% Ownership _____ Position/Title _____</p> <p>Signature X _____</p> <p>Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Spouse Name _____</p> <p>DOB _____ SS# _____</p> <p>Signature X _____</p>

15a) Percentage of work performed: Public _____% vs. Private _____%

16b) As a General Contractor _____% vs. Subcontractor _____%

16c) Percentage of work you: self-perform _____% sub out to others _____%

16) What trades do you sub out (if any)? _____

17) Territory in which you perform work (present & planned) _____

18) Do you have experience with projects requiring prevailing wages? Yes No If yes, years of experience: _____

19) Are you: Union Non-Union If Union, complete the following:

a) Name of primary union _____

b) Union contact person _____ Telephone _____

c) Do you owe any unpaid union wages, benefits or dues? Yes No If yes, amount owed? \$ _____

d) Do you have a union wage & welfare bond in force? Yes No If yes, name of carrier _____

20) List key personnel to your operations:

Name	Position	Birth Year	Years of Experience	Years with Company

21) Do you or any of the owners / indemnitors own or are affiliated with any other companies or subsidiaries? Yes No
 If yes, list all subsidiaries and affiliated companies associated with all owners / indemnitors: (attach additional sheet if necessary)

Company Name, Address & Fed. Tax ID No.	Owner's Name	Ownership %	Type of Business	√ Check If Need Bonding

22) List the five largest contracts completed in the last five years (please provide a minimum of 3 projects):

Owner/ General Contractor	Type of Work	Location (City/State)	Contract Amount	Completion Date	Final Gross Profit	Contact (Name <u>AND</u> Phone No.)

23) List **all** jobs you presently have underway (a minimum of one is required; attach additional schedule if necessary):

Owner/ General Contractor	Type of Work	Location (City/State)	Contract Amount	Estimated Completion Date	Estimated Gross Profit	Contact (Name AND Phone No.)

24) List your major suppliers (please provide a minimum of 3):

Supplier Name	Address, City, State, Zip	Contact Person	Telephone AND Fax (important to provide both)

BONDING & INSURANCE INFORMATION

25) Has your current or any previous companies ever been bonded? Yes No

If yes, with which surety companies _____

Reason for changing _____ Largest single bonded contract \$ _____

26) Have you or any of your companies ever been in claims with any current or past sureties? Yes No

If yes, please explain, including current status of claims _____

27) Has any collateral been deposited with any prior surety? Yes No If yes, amount \$ _____

Has collateral been released? Yes No N/A

28a) Liability Insurance Company _____

Coverage Limits \$ _____ Expiration Date _____

28b) Workers' Compensation Provider _____

29) List any life insurance in effect on owners, officers or key personnel:

Policyowner	Beneficiary	Amount	Insurance Company
		\$	
		\$	
		\$	
		\$	

FINANCIAL INFORMATION

30) Please complete the following based on the aggregate or combined total amounts for the business as well as the personal holdings of the individual owners.

Cash on Hand & in Banks and Marketable Stocks & Bonds

\$

Accounts Receivable (under 90 days outstanding)

\$

Net Equity in Real Estate (net of mortgages)

\$

Net Equity in Equipment

\$

Other Miscellaneous (cash value of life insurance, annuities, etc.)

\$

TOTAL

\$

31) Do you have a line of credit? Yes No Amount of Line \$ _____ Expiration Date _____

Amount in Use \$ _____ How Secured? _____ Name of Lender _____

If secured by accounts receivable, has a UCC been filed? Yes No

Have the receivables been assigned or factored? Yes No

REFERRAL

How did you hear about us? Radio Print/Mailer Internet Search Email Direct Referral Other _____

Please elaborate _____ Referral/Promotional Code _____
(which station or search engine, etc.)

Please provide the following information for the referring party: Is this an insurance agent? Yes No

Company Name _____ Contact Name _____

Address or Branch _____

Telephone _____ Email _____

Partner Code (if applicable) _____

OTHER

32) Please check yes or no to the following questions:

	Company		Officer or Owner	
a. Have there been any changes in ownership control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Failed in business or declared bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Failed to complete a contract or assessed with delay penalties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Been involved in any litigation in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Been a defendant in any legal action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Been in claims with a surety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Are an owner, partner or officer of any other venture?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Are under indictment, on probation or parole, or ever been charged or convicted for a criminal offense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Have any taxes past due (i.e., payroll, federal or state income taxes, sales taxes)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Have any liens or judgments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Explain all "yes" answers below (use additional sheet if necessary).

33) INTERVIEW CONTACT (VERY IMPORTANT)

We will be contacting you to conduct an interview within the next 48-72 hours. Please provide the best contact person and information for us to reach you.

Contact Name _____ Telephone No. _____ Email _____

34) HAVE ALL OWNERS/INDEMNITORS AND THEIR SPOUSES SIGNED ON PAGE 2? (VERY IMPORTANT)

The undersigned hereby affirms that the statements, information and responses contained herein are true and accurate, and are made to induce the Surety to extend surety credit. The applicants and indemnitors authorize the Company, its subsidiaries and affiliates, or sureties, to verify this information and to obtain additional information as it considers necessary from any source including obtaining a credit report.

Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law.

Should the surety discover any material adverse changes to representations made in this application regardless of surety's acceptance of applicant's enrollment into its bonding program, surety and its affiliates reserve all rights to change, alter or withdraw its bonding and related commitments.

Is your company or any of the owners or indemnitors involved in any claims with a surety, including any lawsuits on an indemnity or threat of lawsuits by a surety? Yes No

X _____
 Authorized Signature of the Contractor Company Title Date

 Printed Name Contractor Company

To avoid processing delays, please be sure that ALL questions have been answered.

For Internal Use Only

This contractor is: Approved Declined Client No. _____

If approved:

Program Type: CCP CCPlus Authorized Credit Dept. Signature _____

If approved, bonding line limits: \$ _____ single \$ _____ aggregate

Approved for the following trades:

- | | | |
|--|--|--|
| <input type="checkbox"/> HVAC / Mechanical | <input type="checkbox"/> Roofing | <input type="checkbox"/> Carpentry / Millwork |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Masonry / Concrete | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Steel / Structural | <input type="checkbox"/> Fire Protection Systems |
| <input type="checkbox"/> Excavation / Site Work | <input type="checkbox"/> Painting | <input type="checkbox"/> Asbestos Abatement |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Drywall / Carpentry | <input type="checkbox"/> Glass / Windows |
| <input type="checkbox"/> Special Trade / Other _____ | | |

Authorized Signature _____ Printed Name _____ Date _____

Modified bonding line limits: \$ _____ single \$ _____ aggregate

Authorized Signature _____ Printed Name _____ Date _____

Modified bonding line limits: \$ _____ single \$ _____ aggregate

Authorized Signature _____ Printed Name _____ Date _____