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CONTRACTORS NAME		TEL NO.	FAX NO.
ADDRESS		CITY	STATE ZIP
FORM OF BUSINESS (CHECK ONE) <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUB CHAPTER		TYPE OF CONSTRUCTION PERFORMED  <input type="checkbox"/> UNION <input type="checkbox"/> NON-UNION	
GEOGRAPHIC AREA OF OPERATION		STATES IN WHICH LICENSED TO DO BUSINESS	PERCENT OF WORK NORMALLY SUBCONTRACTED TO OTHERS
PERCENT OF WORK PERFORMED FOR OWNER %		GENERAL CONTRACTOR %	
DATE BUSINESS ESTABLISHED	DATE INCORPORATED	NAME OF PREDECESSOR COMPANY	DATE CURRENT MANAGEMENT ASSUMED OWNERSHIP

**OWNERS**

NAME	DATE OF BIRTH	POSITION	PERCENT OWNED	YEARS OF EXPERIENCE		NAME OF SPOUSE
				HERE	OTHER	

**PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES**

NAME	ADDRESS	OWNED BY	SCOPE OF OPERATION

HAS ANY PARTY IN WHICH THE CONTRACTOR, STOCKHOLDER, OR RELATED COMPANIES HAVE FINANCIAL INTEREST, ENGAGED IN ANY FORM OF REAL ESTATE INVESTMENT, DEVELOPMENT OR BUILDING OR ANY OTHER RELATED ACTIVITIES    NO    YES (IF YES, DESCRIBE)

**BUSINESS HISTORY**

HAVE ANY OF THE ABOVE OWNERS EVER BEEN, OR ARE NOW, AN OWNER, PARTNER, OR STOCKHOLDER IN ANY OTHER BUSINESS  
 NO    YES IF YES COMPLETE THE FOLLOWING:

COMPLETE NAME OF OTHER BUSINESS	ADDRESS	NAME OF OWNER	% OF BUSINESS OWNED

**JOB EXPERIENCE: LIST THREE LARGEST JOBS PERFORMED IN THE LAST 5 YEARS AND AVERAGE JOB SIZE**

JOB NAME	CONTRACT AMOUNT	NAME OF CONTACT	TEL. NUMBER
	\$		
	\$		
	\$		
AVERAGE SIZE JOB	\$	N/A	N/A

PRESENT SURETY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ TEL NO: \_\_\_\_\_ REASON FOR CHANGING: \_\_\_\_\_

PRIOR SURETY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ TEL NO: \_\_\_\_\_ REASON FOR CHANGING: \_\_\_\_\_

HAS YOUR COMPANY OR ANY OFFICER, OWNER OR SPOUSE EVER FAILED IN BUSINESS OR COMPROMISED WITH CREDITORS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR COMPANY OR ANY OFFICER, OWNER OR SPOUSE EVER FAILED TO COMPLETE A CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR ANY OFFICER, OWNER OR SPOUSE EVER FAILED TO QUALIFY FOR A BOND AFTER AN AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAS YOUR BOND CREDIT EVER BEEN TERMINATED BY A SURETY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ACTING AS A SURETY OR INDEMNITOR FOR OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ACTING AS GUARANTOR FOR OTHERS ON THEIR NOTES OR ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DOES YOUR COMPANY OR ANY OFFICER OR ANY OWNER OWE ANY MONEY TO A BONDING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR COMPANY OR ANY OFFICER OR OWNER EVER REQUIRED ANY FINANCIAL ASSISTANCE OR BORROWED ANY MONEY FROM A BONDING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAS THE FIRM OR ANY PREDECESSOR FIRM OR ANY OFFICER OR OWNER OR THEIR SPOUSE EVER DECLARED BANKRUPTCY EITHER PERSONALLY OR CORPORATELY?    NO    YES (IF YES GIVE DETAILS)

ANY LITIGATION CURRENTLY PENDING? (COMPANY, OFFICER, OWNER)    NO    YES (IF YES, GIVE DETAILS)

**ATTACH CURRENT FINANCIAL STATEMENT AND/OR CURRENT FEDERAL INCOME TAX RETURN. REFERENCES OPTIONAL.**

THE REPRESENTATIONS CONTAINED IN THIS APPLICATION AND IN THE FINANCIAL STATEMENTS ARE WARRANTED BY THE APPLICANT TO BE TRUE.

DATED \_\_\_\_\_ (X) \_\_\_\_\_  
 TYPE OR PRINT SIGNATURE  
 (X) \_\_\_\_\_  
 SIGNATURE

**Complete this form only if there is a specific pending bond requirement**



**BONDS** *Express*

1937 Teall Ave., Syracuse, NY 13206  
 Phone: (800)331-5453 / Fax: (877) 824-8668  
 Email: Contractor@BondsExpress.com

**BOND REQUEST FORM  
 Contract Surety**

**PLEASE TYPE OR PRINT CLEARLY**

*Complete the items below fully & without abbreviations exactly the way they should appear on the bond*

PRINCIPAL NAME				FAX NO.
ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.
OBLIGEE (OWNER) NAME		Contact Person		FAX NO.
ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.
AGENT NAME				FAX NO.
ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.
Is a Specific Bond Form Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the form.				
DATE OF BID OR CONTRACT		ESTIMATED PROJECT AMOUNT		COMPLETION DATE
SELECT APPROPRIATE BLOCK(S)				
<input type="checkbox"/> Bid Bond Amount \$	or %	<input type="checkbox"/> Performance Bond Amount \$	or %	<input type="checkbox"/> Payment Bond Amount \$ or %
IF THIS IS A FINAL BOND REQUEST, PLEASE LIST THE THREE LOWEST BIDDERS AND THEIR BID AMOUNTS:				
1.		\$		
2.		\$		
3.		\$		
DESCRIPTION OF JOB (PROJECT OR CONTACT NAME, NO., LOCATION, ETC.)				
DELIVERY INSTRUCTIONS:				
FEDERAL EXPRESS ACCOUNT NUMBER:				
DATE	PREPARED BY	TELEPHONE NO.	FAX NO.	
SIGNATURE		DATE		