



1405 E. Riverside Dr
Austin, TX. 78741
toll free 800.365.6065
phone 512.447.7773
fax 512.440.0989

www.timeinsurance.com
bonds@timeinsurance.com

Contractor's Request For Bonding

Thank you for your recent interest in Time Insurance Agency and allowing us the opportunity to service your surety bonding needs. We specialize in servicing contractors and are one of the largest surety bond agencies in Texas. We look forward to working with your company to maximize your surety credit.

In order to start the underwriting process for your surety bonds we need to request the following information:

- Contractors Questionnaire – Forms Attached
- Last Fiscal Year End Financial Statements – (CPA Prepared if available)
- Current Interim Company Financial Statement
- Current Work in Progress Schedule – Forms Attached
- Current Personal Financial Statement on Owners – Forms Attached
- Bank Reference Letter – Forms Attached
- Certificate of Insurance Showing all Coverages held by your Company
- Resumes on Owners and Key Employees (if available)
- Any letters of reference from owners on previous or current projects. (if available)

Please forward the above information at your earliest convenience, as this information will be necessary for expediting your future surety bonding needs.

If you have any questions on these items or any others, please give us a call.

John W. Schuler
President

Steve Dobson
Surety Manager

Lisa Torres
Bond Administrator



Time Insurance Agency, Inc.
1405 East Riverside Drive
Austin, Texas 78741
Phone: 800-365-6065 Fax: 512-440-0989
www.timeinsurance.com

Contractor Questionnaire

BUSINESS INFORMATION

Name of Firm: _____

Contact Name: _____ E-mail Address: _____

Firm Address: _____

Phone: _____ Fax: _____

Web Site: http:// _____

State of Incorporation: _____ Year Started: _____

Tax ID: _____ Is your firm union? ☐ Yes ☐ No

Contracting Specialty: _____
Geographic Area(s) of Operation: _____

Type of Business ☐ C-Corp. ☐ Sub S. Corp. ☐ Part. ☐ Prop. ☐ LLC

OFFICER INFORMATION

List the corporate officers, partners, or proprietors of your firm:

<u>Legal Name</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Legal Name of Spouse</u>	<u>Spouse SSN</u>
1. _____	____ / ____ / ____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____		
2. _____	____ / ____ / ____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____		
3. _____	____ / ____ / ____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____		
4. _____	____ / ____ / ____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____		
5. _____	____ / ____ / ____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____		

Will the above individuals and spouses personally indemnify Surety? ☐ Yes ☐ No (*explain below*)

If No, explain: _____

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

Is this agreement funded by life insurance? ☐ Yes ☐ No

BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? If so, please attach explanation.

☐ Yes ☐ No

Is your firm or any of its owners or officers currently involved in any litigation? If so, please attach explanation.

☐ Yes ☐ No

What percentage of the firm's work is normally for: Government Agencies _____ Private Owners _____

What trades do you normally undertake with your own forces? _____

What percentage of the firm's work is normally subcontracted to others? _____

What trades do you normally subcontract? _____

What is your sub bonding policy? _____

What was your largest uncompleted backlog? Amount: \$ _____ Year: _____

What is the largest job you expect to do during the next year? _____

What is the largest backlog expected next year? _____

What is your expected annual volume? _____

Do you lease equipment? ☐ Yes ☐ No Type of lease: _____

What are the terms of the lease? _____

FINANCIAL INFORMATION

Name of CPA Firm: _____ Fiscal Year End: _____

Contact Name: _____ E-mail: _____

Company Address: _____

Company Phone: _____ Fax: _____

On what basis are taxes paid? ☐ Cash ☐ Completed Job ☐ Accrual ☐ % of Completion

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

On what level of assurance are financial statements prepared? ☐ CPA Audit ☐ Review ☐ Compilation

How often are internal financial statements prepared? ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

Do you have a full time accountant on staff? ☐ Yes ☐ No Professional designations: _____

What accounting software do you use? _____

What estimating software do you use? _____

What job cost software do you use? _____

Name of Bank: _____ Address: _____

Contact Name: _____ Phone: _____

Line of Credit: \$ _____ Expiration: ____ / ____ / ____

EXPERIENCE & REFERENCES

Previous Bonding Companies:

Name:

Reason for Leaving:

1. _____

2. _____

3. _____

List five of your largest contracts:

Job Name:

Contract Price:

Gross Profit:

Completion Date:

Bonded?

1. _____

____ / ____ / ____

☐ Yes ☐ No

Contact: _____

Phone/Fax Numbers: _____

p: _____

f: _____

2. _____

____ / ____ / ____

☐ Yes ☐ No

Contact: _____

Phone/Fax Numbers: _____

p: _____

f: _____

3. _____

____ / ____ / ____

☐ Yes ☐ No

Contact: _____

Phone/Fax Numbers: _____

p: _____

f: _____

4. _____

____ / ____ / ____

☐ Yes ☐ No

Contact: _____

Phone/Fax Numbers: _____

p: _____

f: _____

5. _____

____ / ____ / ____

☐ Yes ☐ No

Contact: _____

Phone/Fax Numbers: _____

p: _____

f: _____

List five of your major suppliers:

Name

Phone/Fax Numbers

Contact

1. _____

p: _____ f: _____

2. _____

p: _____ f: _____

3. _____

p: _____ f: _____

4. _____

p: _____ f: _____

5. _____

p: _____ f: _____

List five subcontractors (or contractors if you are a subcontractor) that you do business with:

Name

Phone/Fax Numbers

Contact

1. _____

p: _____ f: _____

2. _____

p: _____ f: _____

3. _____

p: _____ f: _____

4. _____

p: _____ f: _____

5. _____

p: _____ f: _____

List three specialty trades you have done business with:

Name

Phone/Fax Numbers

Contact

1. _____

p: _____ f: _____

2. _____

p: _____ f: _____

3. _____

p: _____ f: _____

KEY PERSONNEL

List additional personnel key to your operations:

Name	Position	Birth Year	Yrs. Experience
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

LIFE INSURANCE INFORMATION

List any life insurance in effect on officers or key personnel:

Name	Beneficiary	Amount	Insurance Company
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____

BUSINESS INSURANCE INFORMATION

Provide information on your business insurance:

Name of insurance broker/agency? _____

Agent's Name: _____ E-mail: _____

Fax: _____ Phone: _____

SUBSIDIARIES AND AFFILIATES

List any subsidiaries and affiliates of the contracting firm:

Firm Name	Ownership	Type of Business	Cross/Corp. Indemnity?
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: _____

Attachments:

- ☐ Copies of the last three fiscal financial statements including work in progress & completed contract schedules
- ☐ Current interim financial statement and work in progress report if fiscal statement is over six months old
- ☐ Current financial statement for all indemnitors
- ☐ Bank Line of Credit Agreement
- ☐ Business Plan
- ☐ Buy/Sell Agreement
- ☐ Specimen Copy of Subcontract Agreement
- ☐ Certificate of Insurance
- ☐ Resumes of Owners/Key Employees
- ☐ Brochure and/or Letters of Recommendation about the accomplishments of your firm
- ☐ Other: please describe below:

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.

Name of Firm: _____

Completed by: _____

Title: _____

Signature: _____

Date: _____ / _____ / _____

Additional Remarks:

PERSONAL FINANCIAL STATEMENT

Time Insurance Agency
T-512-447-7773, F-440-0989
bonds@timeinsurance.com

PERSONAL FINANCIAL STATEMENT OF:

(Name)

Work No: _____

(Spouse)

Cell No: _____

(Street, Address, City, State, Zip)

Email Address/s: _____

SSN: _____

AS OF _____, 20 _____
(Date)

SSN: (Spouse): _____

ASSETS

LIABILITIES

Cash (Bank Name & Address)		Notes Payable to (name & address):	
		Sales contracts & chattel mtgs. (Attach Description)	
Stocks and Bonds (Schedule 1)		Accounts Payable	
Accounts Receivable (Schedule 2)		Current Portion of Long Term Debt	
Notes Receivable (Schedule 3)		Other Current Liabilities (Attach Description)	
Other Current Assets (itemize):			
		Current year's income tax unpaid	
		Prior year's income taxes unpaid	
		Real estate taxes unpaid	
TOTAL CURRENT ASSETS	\$	TOTAL CURRENT LIABILITIES	\$

FIXED ASSETS

LONG TERM LIABILITIES

Real Estate (Schedule 4)		Real Estate Debt (Schedule 4):	
Residence		Residence	
Other		Other	
Cash Value of life insurance (Schedule 5)		Borrowed on life insurance (Schedule 5)	
Personal Property			
Other Assets & investments (Attach Description)		Other long term debt (Attach Description)	
TOTAL FIXED ASSETS	\$	TOTAL LONG TERM LIABILITIES	\$

TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$

CONTINGENT LIABILITIES

For Endorsements or Guarantees \$ _____ For Other Purposes \$ _____
Give Details _____

SCHEDULE #1 - STOCKS AND BONDS (Attach Brokers Investment Statement if Possible)

Name of Security	No of Shares	If pledged, State to Whom & for What Purpose	Interest Rate	Market Value	Book Value
			TOTALS	\$	\$

SCHEDULE #2 - ACCOUNTS RECEIVABLE

Name & Street/City From Whom Due	For What is it Due	When Sold	When Due	Amount
			TOTAL	\$

SCHEDULE #3 - NOTES RECEIVABLE

Name & Street/City From Whom Due	For What is it Due	How Secured	Date	Maturity	Amount
					TOTAL \$

SCHEDULE #4 - REAL ESTATE

Description of Property	Title in Name Of		Current Market Value	Cost	Date Acquired	Loan Maturity Date	Current Loan Amount
			\$	\$			\$

SCHEDULE #5 - LIFE INSURANCE - CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

INCOME / EXPENSE INFORMATION

SOURCES OF CASH	Last Year 20____	This Year 20____	Projected Next Yr 20____	USES OF CASH	This Year 20____	Projected Next Yr 20____
Salary & Wages				Income Taxes & FICA		
Commissions, Bonus Etc.				Other Payroll Deductions		
Interest & Dividends				Living Expenses & Misc.		
Rental Income				Rental Expenses		
Oil & Gas Rev. after Op. Exp.				Oil/Gas Cap. Expend.		
Other Business Income				Other Business Exp		
Other:				Other:		
SUBTOTAL	\$	\$	\$	SUBTOTAL	\$	\$
Commissions, Bonus, Etc.				Regular/Sched. Payments		
Sale of Assets				Other Interest		
Tax Refund				Other Principal		
Other				Contingent Liability		
TOTAL CASH SOURCES	\$	\$	\$	TOTAL CASH USES	\$	\$
				NET CASH FLOW	\$	\$

Principal: _____
(Signature)

Date: _____

Spouse: _____
(Signature)

Date: _____

Work In Progress (ADD ADDITIONAL PAGES AS NECESSARY TO INCLUDE ALL PROJECTS)

Contractor Name and Address	Date
-----------------------------	------

Description of Jobs. Include jobs awarded but not started. Give complete information requested	Starting Date	Estimated Completion Date	Bonded	Un-Bonded	Contract \$ including Change Orders	Total Cost to Perform Entire Project	Billed to Date Including Retainage	Total Cost Incurred to Date
--	---------------	---------------------------	--------	-----------	-------------------------------------	--------------------------------------	------------------------------------	-----------------------------

Job Description:								
Owner:								
Contact Name:								
Contact Phone Number:								

Job Description:								
Owner:								
Contact Name:								
Contact Phone Number:								

Job Description:								
Owner:								
Contact Name:								
Contact Phone Number:								

Job Description:								
Owner:								
Contact Name:								
Contact Phone Number:								

Job Description:								
Owner:								
Contact Name:								
Contact Phone Number:								

Totals								
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Instructions for Completing the Work In Progress Form

- PLEASE USE THE FORM PROVIDED
- Please include all projects in progress, both bonded and unbonded.
- **Contract \$ Including Change Orders Amount** is the total amount of the contract on the project as of today. This amount is the amount that you should have as the total contract amount on your payment estimates submitted to the project owner or general contractor.
- **Total Cost to Perform Entire Project** is the total estimated costs that will be spent in completing the entire project. This amount does not include your profit on the project. This amount should only include the direct project costs and the overhead on the project.
- **Billings To Date Including Retainage** is the total amount billed to the owner or general contractor including the retainage that has been billed and is being held by the owner or general contractor. This amount should come directly off of your payment estimates submitted to the owner or general contractor.
- **Total Cost Incurred to Date** is the total amount of the costs that were included in the **Total Cost to Perform Entire Project** that have been incurred to date. Please note that this amount can be larger than the **Billings To Date**, but it should not be larger than the **Total Cost to Perform Entire Project**. There should be no profit included in the **Total Cost Incurred to Date** calculation. As your costs are incurred on the project, include them in the **Total Cost Incurred to Date**. Once the project is complete, and all costs have been incurred, the **Total Cost Incurred to Date** amount should equal the **Total Cost to Perform Entire Project** amount.

BANK LETTERHEAD

SAMPLE

Date

Time Insurance Agency, Inc.
1405 E. Riverside
Austin, TX 78741

To Whom It May Concern:

 (Customer Name) has been a customer of our bank since (Beginning Date) . For your information, we are providing the following Information:

The above mentioned customer has maintained an average balance of \$ (Average Balance Amount) and currently has a deposit balance of \$ (Current Balance) .

We have recently loaned this customer a high credit balance of \$ (High Credit Balance) , of which they currently owe \$ (Current Credit Balance) . These loan(s) are secured by (Listing or Classification of assets used to collateralize loan) . The repayment terms of these loan(s) are (Payment terms including principle and interest payments) .

Also, we have established a revolving line of credit in the amount of \$ (Total Credit Line Amount) . This line of credit currently has an outstanding balance of \$ (Current Credit Line Balance) with the anniversary date being (Renewal Date) .

Sincerely,

Bank Officer Name
Bank Officer Title

(Please feel free to include any additional information that may be considered pertinent about this customer.)



1405 E. Riverside Dr
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fax 512.440.0989

APPLICATION FOR BID • PAYMENT & PERFORMANCE BOND

Date: _____

PRINCIPAL INFORMATION

Company Name: _____ Contact Name: _____
(Must be exactly as it is to appear on bond):

Company Address: _____

Phone No.: _____ Fax No.: _____

DELIVERY INFORMATION: Preferred Overnight Service: _____ Account #: _____
Pick up: _____ Date/Time: _____ U.S. Mail: _____

BID BOND INFORMATION: (To avoid delay please provide special bid forms with your request)

Bid Date: _____ Time Project Bids: _____ Anticipated Start Date: _____ Time of Completion: _____

Bid Estimate: _____ Project No/Solicitation No: _____

Percentage of Bid Amount Required: _____ Amount of Bid Bond: _____

PERFORMANCE / PAYMENT BOND INFORMATION:

(To avoid delay please provide a contract, agreement or acceptance letter and special bond forms with your request)

Bonds Must Be Delivered By: _____ Date of Contract: _____ Contract No.: _____

Amt of Performance Bond: \$ _____ % Amt of Payment Bond: \$ _____ %

Special Bond Requirements: _____ Number of Originals Required: _____

Architect / Engineer: _____ Phone Number: _____

Address: _____ Contact Name: _____

OBLIGEE INFORMATION: (Must be completed for both Bid, Performance & Payment bonds)

Name of Obligor: _____

Address: _____

Project Title as it would appear on the bond: _____

Description of work: _____

Project Location: _____ Anticipated Start Date: _____ Anticipated Completion Date: _____

Project Length Allowed/Calendar Day: _____ Liquidated Damages per day: \$ _____ Retainage: % _____

If you are a Sub-Contractor: Name & Address of General Contractor for project: _____

Additional Comments: _____