



The Bond Exchange

A Division of SUR Insurance Agency, Inc.

8601 McAlpine Park Drive, Suite 100-C • Charlotte, North Carolina 28211 • 704-366-6847 • 1-800-438-1162 • FAX 704-364-3214

Thank you for making **The Bond Exchange** your choice for surety bonds! We are a “bonds only” agency dedicated to providing you with the best service possible.

If you have any questions, or need further assistance, please call one of our

Contract Underwriters at **800-438-1162**. Our experienced staff is anxious to assist you.

Thanks Again!

The Bond Exchange

IMPORTANT

You **must** have business financial statement to qualify for bonds.



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Instructions for Financial Statement

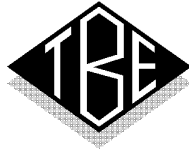
VERY IMPORTANT – PLEASE READ CAREFULLY **Bonding is a QUALIFICATION process.**

The quality of the business financial statement will determine single bond size and total bond programs.

1. To **qualify** in a Standard Market Bond Program requires CPA “review” quality business financial statements. This business statement must be on a GAAP basis, Percentage of Completion. Please discuss this with your CPA. Complete Aging Schedule for A/R and A/P (form enclosed)
2. Several of our bond markets will consider bonding based on a CPA Compilation “GAAP-Fully Disclosed” year end statement. This statement must include notes pages, cash flow, and completed contract schedule. Complete Aging Schedule for A/R and A/P (form enclosed)
A CPA compilation statement will limit your single and total bond programs.
3. Be sure to send the past 3 year end company financials for review.
4. The personal financial statement must be the same date as the company year end.
EXAMPLE: Company year end is 12-31-2009, personal needs to be as of 12-31-2009.
Please send bank statements and stock summary statements to confirm cash and equity balances shown on your personal financial.
5. **DO NOT SEND TAX RETURNS.** We may ask for them later, but please do not send them with the original application. If you do not have CPA prepared company financial statements, please send in-house prepared Quicken or QuickBooks Balance Sheet with Profit and Loss page, with the application. Complete Aging Schedule for A/R and A/P (form enclosed).

Single bond size and total bond limits are determined by the quality of your business financial statements and the company financial strength of working capital and net worth.

Should you have any questions, please contact The Bond Exchange Contract Department at 1-800-438-1162.



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BOND KIT CHECK LIST

Business Name: _____

As you complete the enclosed forms, please check off the appropriate space.

Pre-Qualification form: Please answer all questions _____

Largest completed jobs: Please complete with phone numbers _____

Credit Authorization _____

Work in Progress Schedule: Complete all columns across _____

Business Plan: Answer all questions _____

Resumes: Need for all owners & corporate officers _____

Personal financial: Sign & have spouse sign, both social security numbers _____

Bank Report: Send to bank for completion _____

Aging Schedule: For current Business Financial Statement _____

Interim Business financial statement if year end was more than 6 months ago _____

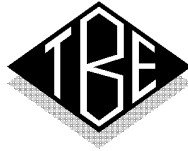
2009 Business year-end: See Financial Statement instruction page _____

2008 Business year-end: See Financial Statement instruction page _____

2007 Business year-end: See Financial Statement instruction page _____

Insurance Certificate: Ask your insurance agent for this _____

BEFORE we can qualify you for bonds, we must have all of the above requested forms properly completed and enclosed with this check list. Should you have any questions, please call.



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CONTRACTOR'S PRE-QUALIFICATION QUESTIONNAIRE

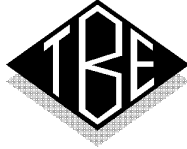
- I. NAME OF YOUR BUSINESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
PHONE NO. (____) _____ FAX NO. (____) _____ FEDERAL TAX ID NO. _____
YEAR BUSINESS FORMED ____ TYPE OF WORK _____ NO. OF EMPLOYEES _____
- II. A. LIST OWNERS, PRINCIPALS, AND KEY EMPLOYEES
- | NAME | POSITION | SOCIAL SECURITY NUMBER | % OF OWNERSHIP |
|-------|----------|------------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
- B. If Partnership, do you have a Formal Partnership Agreement in writing? _____
Are you a corporation? _____ Do you have a Buy/Sell Agreement in writing? _____
Please send copy of Corporation and/or Buy/Sell Agreement to us.
- C. Are you an owner, principal, or stockholder of any other company? _____ Position? _____
% of Ownership? _____ Name and Address of Company? _____
Do you have Life Insurance in force? _____ Amount \$ _____ Pledged? _____
If pledged, to whom? _____
- III. A. Have you ever been bonded before? _____ How much? _____ When? _____
By what bonding company? _____
Have you ever been bonded by the Small Business Administration (SBA) before? _____
Why are you changing bonding companies? _____
- B. Have you or spouse filed for bankruptcy or failed to complete a contract or project? _____
If yes, please attach full details.
- C. Have you been involved in a default or dispute with this or any bond company? _____
If yes, please attach full details.
- D. What is the largest total work program, ever, at one time: \$ _____
Year? _____ How many jobs? _____ Largest single job? _____ Bonded? _____
- IV. A. List Banking References: Submit letter or line of credit if you have one.
- | NAME AND ADDRESS OF BANK | LOAN OFFICER | PHONE NUMBER | ACCOUNT NUMBER |
|--------------------------|--------------|--------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
- B. Do you have an S.B.A. Loan? _____ Present Amount \$ _____ Loan No. _____
- V. A. Name of your C.P.A. and complete address _____
_____ Phone Number _____
- B. How often do you receive financial statements? _____
Method of accounting? _____ Date of your fiscal year end? _____

ALL QUESTIONS MUST BE ANSWERED All of the above information is true and correct.

Signature _____

Title _____

Date _____



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LIST THE THREE LARGEST CONTRACTS COMPLETED DURING THE PAST TWO YEARS

1. Owner's Name: _____ Address: _____

City/State/Zip: _____

Phone: _____ Amount: \$ _____

Contact Name: _____ Year Job Completed: _____

2. Owner's Name: _____ Address: _____

City/State/Zip: _____

Phone: _____ Amount: \$ _____

Contact Name: _____ Year Job Completed: _____

3. Owner's Name: _____ Address: _____

City/State/Zip: _____

Phone: _____ Amount: \$ _____

Contact Name: _____ Year Job Completed: _____

How much was the largest contract you have completed: \$ _____ When? _____

LIST THREE PRINCIPAL SUPPLIERS OR SUB CONTRACTORS YOU USE

1. Reference's Name: _____ Address: _____

City/State/Zip: _____

Phone: _____ Amount: \$ _____

2. Reference's Name: _____ Address: _____

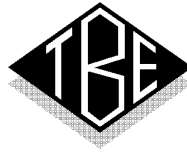
City/State/Zip: _____

Phone: _____ Amount: \$ _____

3. Reference's Name: _____ Address: _____

City/State/Zip: _____

Phone: _____ Amount: \$ _____



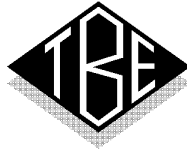
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WORK IN PROGRESS SCHEDULE

NAME OF CONTRACTOR:							DATE: AS OF:		
SCHEDULE OF UNCOMPLETED WORK (ALL WORK – BONDED & UNBONDED – IF COST PLUS PLEASE INDICATE)									
NAME OF JOB	START DATE	COMPLETE DATE	BONDED YES/NO		CONTRACT PRICE	ESTIMATED COST	TOTAL BILLED TO DATE	TOTAL COST TO DATE	YOUR COST TO COMPLETE
TOTAL:									
TOTAL UNCOMPLETED WORK:							SIGNATURE:		
TOTAL UNCOMPLETED WORK BY SUBCONTRACTORS:									
BONDED:							TITLE:		
UNBONDED:							DATE:		



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BUSINESS PLAN

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

YEAR BUSINESS BEGAN: _____ IF CORPORATION, WHEN DID IT INCORPORATE? _____

FINANCIAL YEAR END: _____

NUMBER OF EMPLOYEES WHEN YOU BEGAN: _____ NOW: _____

NAME & POSITION OF RELATIVES WORKING IN THE BUSINESS:

1. _____

2. _____

3. _____

SALES VOLUME FIRST YEAR IN BUSINESS: _____

SALES FOR LAST YEAR: _____

WHAT EXACTLY DOES YOUR BUSINESS DO? _____

IN THE EVENT OF YOUR DEATH OR INJURY, WHO WOULD RUN YOUR BUSINESS? _____

DO YOU HAVE LIFE INSURANCE? _____ HOW MUCH? _____

IS YOUR LIFE INSURANCE TO BE PAID TO THE BUSINESS? _____

DO YOU HAVE ENOUGH TO COVER ALL YOUR OUTSTANDING WORK ON HAND? _____

HOW MUCH LIFE INSURANCE FOR YOUR FAMILY? _____

GIVE A DESCRIPTION OF MANAGEMENT EXPERIENCE AND CONTINUITY PROVISIONS YOU HAVE FOR YOUR BUSINESS: _____

OUTLINE YOUR BUSINESS GOALS FOR THE NEXT 12 MONTHS: _____



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RESUME

NAME: _____
FIRST FULL MIDDLE NAME LAST

ADDRESS: _____
CITY STATE ZIP

TELEPHONE: _____ SOCIAL SECURITY NUMBER: _____

PERSONAL DATA

DATE OF BIRTH: _____

PLACE OF BIRTH: _____ HEALTH: _____ MILITARY? _____

EDUCATION: _____ MARITAL STATUS: _____

SPOUSE'S FULL NAME: _____ SSN: _____

BUSINESS AND PROFESSIONAL EXPERIENCE OR ATTACH PREPARED RESUME

FROM _____ TO PRESENT: _____

FROM _____ TO _____: _____

FROM _____ TO _____: _____

CURRENT CONTRACTOR LICENSE: _____

VOLUNTEER ACTIVITIES OR HOBBIES: _____

PERSONAL REFERENCES: _____

PLEASE COMPLETE A RESUME ON ALL STOCKHOLDERS AND KEY EMPLOYEES



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Name: _____ **PERSONAL FINANCIAL STATEMENT**

Address: _____

Telephone: _____

Business or Occupation: _____

Partner or Officer in any other venture? _____

Are any assets pledged? _____

Have you ever made a composition settlement or filed bankruptcy? Yes No Explain: _____

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with above named Surety, for claims and demands against the undersigned, the undersigned submits the following as being a true and accurate statement of its financial condition on the following date, and agree that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against it, the undersigned will immediately and without delay notify the said Surety, and unless the Surety is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of the close of business _____, 20____. Income from alimony, child support or maintenance payments need not be revealed if the undersigned does not choose to disclose such income in applying for credit.

ASSETS

LIABILITIES AND NET WORTH

Cash on Hand and in Banks (Schedule 1)	\$	Notes Payable to Banks – Secured (Schedule 1)	\$
U.S. Government Securities	\$	Unsecured (Schedule 1)	\$
Accounts, Loans & Notes Receivable (Schedule 2)	\$	Notes Payable to Relatives	\$
Cash Surrender Value Life Insurance (Schedule 3)	\$	Accounts and Notes Payable to Others	\$
Other Stocks and Bonds (Schedule 4)	\$	Rents and Interest Due	\$
Real Estate (Schedule 5)	\$	Taxes Due (Schedule 5)	\$
Automobiles – Number ()	\$	Liens on Real Estate (Schedule 5)	\$
Other Assets (Itemize)	\$	Other Liabilities (Itemize)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$	TOTAL LIABILITIES	\$
	\$	NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

INCOME

CONTINGENT LIABILITIES

Salary	\$	As Endorser or Co-Maker	\$
Bonus and Commissions	\$	On Loans or Contracts	\$
Dividends and Interest	\$	Legal Claims	\$
Real Estate Income	\$	Provisions for Federal Income Tax	\$
	\$	Other Special Debt	\$
	\$		\$
TOTAL INCOME	\$		\$

INSURANCE COVERAGE

COMPARISON OF MONTHLY INCOME AND EXPENSES

Fire Insurance – Buildings	\$	Net Monthly Income	\$
Household Effects and Autos	\$	Rent or Home Payment	\$
Liability Insurance – Automobiles	\$	Food and Utilities	\$
Personal	\$	Incidentals	\$
General Public	\$	Avg. Amount Paid on Open Accounts	\$
Other Insurance	\$	TOTAL EXPENSES	\$
	\$	DIFFERENCE BETWEEN INCOME AND EXPENSES	\$

Second page to personal financial statement.



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SCHEDULES

No. 1 – Banking Relations (A list of all my bank savings and loan accounts.)

Name and Location	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

No. 2 – Accounts, Loans and Notes Receivable (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owing	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

No. 3 – Life Insurance

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Yearly Policy	Amount of Yearly Premium	Is Policy Assigned?
				\$	\$		\$	
				\$	\$		\$	
				\$	\$		\$	
				\$	\$		\$	

No. 4 – Other Stocks and Bonds

Face Value Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	If Pledged State to Whom
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	

No. 5 Real Estate – The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates & Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amount
					\$	\$		\$
					\$	\$		\$
					\$	\$		\$
					\$	\$		\$
					\$	\$		\$

The undersigned certifies that the information inserted on both pages hereof has been carefully read and is true and correct.

Signed: _____ Date: _____



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BANK REPORT

NAME OF BANK: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

REPORTING OFFICER: _____

NAME OF CLIENT/CONTRACTOR: _____

DATE ACCOUNT OPENED: _____ BANK BALANCE VERIFIED AS OF: _____

AMOUNT \$ _____ AMOUNT RESTRICTED \$ _____

CURRENT YEAR'S AVERAGE BALANCE \$ _____ PAST YEAR'S AVERAGE BALANCE \$ _____

HAS WORKING CAPITAL LINE OF CREDIT BEEN ESTABLISHED? _____ HOW MUCH? _____

TYPE OF LINE ESTABLISHED: _____ UNSECURED: _____ SECURED: _____

WHAT BASIS? _____ EXPIRATION OF CREDIT LINE? _____

AMOUNT NOW USED \$ _____

ANY R.E. OR EQUIPMENT LOANS OUTSTANDING? _____ TYPE? _____

TERM: _____ TOTAL AMOUNT \$ _____ MONTHLY PAYMENTS: _____

IS PRINCIPAL CO-ENDORSER FOR OTHERS? IF SO, WHO? _____ AMOUNT: _____

DOES BANK KNOW OF ANY CONTINGENT LIABILITIES FACING PRINCIPAL? _____

ANY LIENS FILED, JUDGEMENTS, SUITS OR CLAIMS PENDING? _____

DOES BANK HAVE A FINANCIAL STATEMENT? _____ DATE: _____ C.P.A.: _____

DOES BANK HAVE KNOWLEDGE OF PRINCIPAL'S KEY PERSONNEL? _____

BANK'S OPINION OF PRINCIPAL? _____

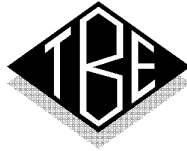
HAS BANK LOANED CLIENT FUNDS FOR A SPECIFIC CONSTRUCTION JOB? _____

HOW MUCH? _____

UNDER WHAT CIRCUMSTANCES WOULD BANK ADVANCE WORKING CAPITAL FUNDS? _____

DATE: _____ PRINT NAME: _____ TITLE: _____

BANK OFFICER'S SIGNATURE: _____



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AGING SCHEDULE: ACCOUNTS RECEIVABLES AND PAYABLES

THIS AGING SCHEDULE IS FOR FINANCIAL STATEMENT DATED: _____

ACCOUNTS RECEIVABLE

TOTAL AMOUNT DUE: \$ _____ AMOUNT IN DISPUTE \$ _____

AMOUNT DUE: 0-30 DAYS \$ _____ AMOUNT DUE: 30-60 DAYS: \$ _____

AMOUNT DUE: 60-90 DAYS \$ _____ AMOUNT DUE: OVER 90 DAYS: \$ _____

PLEASE LIST YOUR 3 LARGEST ACCOUNTS RECEIVABLE CLIENTS:

1. NAME & ADDRESS: _____ AMOUNT DUE \$ _____ CURRENT? _____

2. NAME & ADDRESS: _____ AMOUNT DUE \$ _____ CURRENT? _____

3. NAME & ADDRESS: _____ AMOUNT DUE \$ _____ CURRENT? _____

ACCOUNTS PAYABLE

TOTAL AMOUNT DUE: \$ _____ AMOUNT IN DISPUTE \$ _____

AMOUNT DUE: 0-30 DAYS \$ _____ AMOUNT DUE: 30-60 DAYS: \$ _____

AMOUNT DUE: 60-90 DAYS \$ _____ AMOUNT DUE: OVER 90 DAYS: \$ _____

PLEASE LIST YOUR 3 LARGEST ACCOUNTS RECEIVABLE CLIENTS:

1. NAME & ADDRESS: _____ AMOUNT DUE \$ _____ CURRENT? _____

2. NAME & ADDRESS: _____ AMOUNT DUE \$ _____ CURRENT? _____

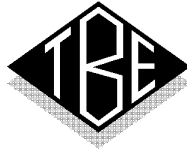
3. NAME & ADDRESS: _____ AMOUNT DUE \$ _____ CURRENT? _____

DO YOU HAVE ANY TAXES WHICH ARE DELINQUENT? _____

I HEREBY CERTIFY THAT ALL INFORMATION PRESENTED HEREIN IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ TITLE: _____ DATE: _____

BUSINESS NAME: _____



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CONTRACTOR'S BOND REQUEST FORM

YOUR COMPANY NAME: _____

ADDRESS: _____

WHO ARE YOU BIDDING TO? (CITY, STATE, COUNTY, FEDERAL GOVERNMENT, PRIVATE PARTY)

THEIR NAME: _____

ADDRESS: _____

WHAT ARE YOU GOING TO DO? _____

HOW MUCH TO SUB CONTRACTORS? _____

WHAT AMOUNT IS MATERIALS? _____

BID BOND INFORMATION

YOUR ESTIMATED BID PRICE: _____

BID BOND AMOUNT: _____ 5% _____ 10% _____ 20% _____ 100%

DATE OF THE BID OPENING: _____

PLACE OF BID: _____

INVITATION FOR BID NUMBER (IFB#): _____

PERFORMANCE BOND INFORMATION

TOTAL CONTRACT AMOUNT: _____

DATE OF THE CONTRACT: _____

IFB# OR PROJECT #: _____

WAS THIS JOB BID OR NEGOTIATED? _____

BID RESULTS:

LOW BIDDER: _____

2ND BIDDER: _____

3RD BIDDER: _____

TERMS OF THE CONTRACT OR BID BOND

ESTIMATED DATE YOUR JOB IS TO BEGIN: _____

ESTIMATED DATE THIS JOB WILL BE COMPLETED: _____

LIQUIDATED DAMAGES: _____ YES _____ NO AMOUNT: _____

PENALTY: _____ YES _____ NO AMOUNT: _____

ARCHITECT OR ENGINEER

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE: (____) _____