

BDH ASSOCIATES, INC.
4572 Lawrenceville Hwy., Suite 201
Lilburn, GA 30047
(770) 564-2999 or Toll Free (888) 328-0500
Fax: (770) 564-9327

SUBDIVISION/MAINTENANCE BOND REQUIREMENT

ANNUAL PREMIUM: VARIES

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In order to apply for the above bond, please submit the following information:

1. Subdivision/Maintenance Bond Request Form (Form Attached)
2. Contractor's Questionnaire (Form Attached)
3. Personal Financial Statement of all owners, officers and/or stockholders (Form Attached)
4. Corporate Financial Statement (If new business, please indicate same on application)
5. Indemnity Agreement Information Sheet
6. Bank Reference (Form Attached)

Please fax all information above to our office for review.

A CREDIT REPORT WILL BE PULLED ON EACH OWNER, OFFICER AND/OR STOCKHOLDER

If you have any questions, please feel free to contact our office.

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SUBDIVISION/MAINTENANCE BOND REQUEST FORM

1. Check One: Subdivision Bond Maintenance Bond

2. Principal's Name: (Exact Name and Address of entity to be bonded)

3. Municipality Name (Exact Name and Address of the Village, City, County, Etc. requiring the bond:

4. Bond Amount: \$ _____

5. Cost of Improvements: \$ _____

6. Legal description of improvements: _____

7. Legal name of Subdivision: _____

8. Estimated completion date of improvements: _____

9. Duration of Maintenance Bond Period: _____

10. Does Municipality have a required Bond Form? Yes, form attached No, use standard form

11. List or attach cost breakdown of improvements and who will perform this work: _____

12. How are Subdivision improvements being financed?

- Bank Line of Credit Personal Cash Other: (Explain)_____
-
-

13. Complete the attached Indemnity Agreement Information form.

14. Provide a CPA prepared Financial Statement on the Principal (Entity to be bonded)

15. Provide Personal Financial Statements on all owners and spouses. Credit reports will be pulled on all owners and spouses.

16. What do you currently use for Improvement Guarantees?

- Bond - if so, Name of Current Bond Company _____
- Letter of Credit - Please list name of bank and amounts currently outstanding
-
-

17. Complete the attached Contractor's Questionnaire

18. Have the attached Bank Verification form completed by your bank

19. Other helpful information:

- a. Resumes on Management
- b. Brochures on Builders
- c. Average number of homes built per year _____
- d. Area of operation: _____
- e. Any affiliates: _____

20: References (Names & Phone Numbers)

NOTE: PERSONAL INDEMNITY IS REQUIRED OF ALL OWNERS AND SPOUSES OF ENTITY TO BE BONDED.

Has your company ever been bonded? Yes No If yes, with what surety company?

Reason for changing surety company:

What was your largest bonded job: \$ Largest work program (bonded & unbonded): \$

Has your company had any disputes or ever failed to complete a job on schedule? Yes No

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, or defaulted so as to cause a loss to surety? Yes No

Is there litigation, law suits or claims pending on completed or uncompleted work? Yes No

If you answer "yes" to any of these questions, please attach a detailed explanation.

List three prime Suppliers:

Supplier Name/ Contact	Address, City, State, Zip	Phone/Fax
		()
		()
		()
		()
		()
		()

II	FINANCIAL DATA
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Date of Fiscal Year-End:

On what basis are financial statements prepared?

Cash Accrual Percentage of completion Completed contract

Classification of year-end financial statement: CPA Audit Review Compilation

How often are financial statements prepared? Annually Semi-Annually Quarterly

Please provide the name, address and phone number of your accountant:

III	BANKING DATA
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Bank Name: Contact:

Address: Phone: ()

City, State, Zip:

Do you have an established line of credit? Yes No Amount: \$

How much is currently available: \$ Expiration Date:

This line is: Unsecured Secured Type of Security:

IV	INSURANCE DATA
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General Liability Insurance Carrier:

Hazardous Liability Insurance Carrier (if applicable):

Worker's Compensation Insurance Carrier:

This application consists of this instrument, the financial statement, and all indemnity, security, and trust agreements signed by the applicant with regard to the bond or bonds requested, such financial statement and agreements being incorporated herein by reference.

The undersigned, and each of us authorize the Surety to obtain credit information and to make such other investigation as it is deemed necessary to underwrite this application. The undersigned, and each of us further represent that the information contained on this application and all documents referred to herein is true and that such information is being submitted for the purpose of inducing Surety to issue bond(s) and that Surety is relying upon such information as a condition to the issuance of such bond(s).

In addition to the information contained in this application as well as the terms and conditions thereof, applicant acknowledges that he has been advised that surety may, as additional collateral, require life insurance on the principal or key employees with surety named as beneficiary. In case of death said collateral shall be used to indemnify surety against loss or expenses. If said collateral shall be required, applicant agrees to provide same at issuance of bond or if unable to so provide, applicant agrees that surety may secure same at applicant's expenses.

In the event that a bond or bonds are issued, the undersigned and all indemnitors of the undersigned, if any, agrees to pay or cause to be paid the premium at the rate charged therefore, and any additional charge for contract increases, if any, that may be due to Surety.

DATE SIGNED _____

Subscribed and sworn in before me this

_____ day of _____, _____

Notary Public

X

FIRM NAME

X

X

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The source for all your bonding needs!

E-mail: info@bdhassociates.com

Web Page: www.bdhassociates.com

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PERSONAL FINANCIAL STATEMENT AS OF : _____, **20**_____

Name of Individual		Social Security Number		Date of Birth	
Name of Spouse		Social Security Number		Date of Birth	
Residential Address (Street, City, State, Zip Code)				Home Phone Number (Including Area Code)	
ASSETS			LIABILITIES		
Cash in Banks:				Loans Payable (Banks):	
Notes Receivable:				Notes Payable:	
Accounts Receivable:				Accounts Payable:	
Stocks/Bonds/Securities:				Taxes Payable:	
Real Estate (Residence):				Mortgages Payable:	
Real Estate (Investment/Other):				Other Liabilities:	
Cash Value Life Insurance:					
Personal Property:				TOTAL LIABILITIES:	
Other Assets:				NET WORTH:	
TOTAL ASSETS:			TOTAL NET WORTH & LIABILITIES:		
INCOME	Salary: \$		Spouse's Salary: \$		TOTAL INCOME:
	Bonus/Other: \$		Bonus/Other: \$		
SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES					
(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate.)					
CASH IN BANKS					
Bank Name, Branch & Location			Account Number		Amount
NOTES & ACCOUNTS RECEIVABLE					
Name & Address of Debtor		Amount	Due Date	Pledged (yes/no)	Security
STOCKS/BONDS/SECURITIES					
Name & Number(s) of Stock, Bond or Security		No. of Shares	Price/Shar	Market Value	Exchange & Call Sign

REAL ESTATE							
Location/Description	Year Acquired	Cost	Market Value	Monthly Income	Monthly Paymen	Mortgage Balance	Mortgage or Lienholder

CASH VALUE OF LIFE INSURANCE				
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding

OTHER ASSETS				
Description	Title Holder	Cost	Market Value	Age of Asset

LOANS PAYABLE				
Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured

ACCOUNTS & NOTES PAYABLE (Including Charge Accounts)					
Payable to Whom	Address	Amount	Monthly Payment	Due Date	How Secured

TAXES PAYABLE (State & Federal)		
Description	Amount	Date Payment is Due

OTHER LIABILITIES					
Description	Payable to Whom	Amount	Monthly Payment	Due Date	How Secured

Are you contingently liable or an endorser on any bonds or other obligations? YES NO
 Are you involved in any litigation? YES* NO Have you filed for bankruptcy in the last 7 years? YES* NO
 *Explain all "YES" answers on a separate sheet of paper.

I/We hereby certify and declare that the above statements presents accurately my/our financial condition to the best of my/our knowledge and belief and I/we hereby authorize and request any person, firm or corporation requested by BDH Associates, Inc. concerning any transaction with the undersigned; and BDH Associates, Inc. is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the sole purpose of securing suretyship, co-suretyship and/or reinsurance.

By: _____ Date: _____ By: _____ Date: _____

INDEMNITY AGREEMENT INFORMATION SHEET

I COMPANY INFORMATION

Legal Name of Company _____
Address of Company _____
_____(County)_____
Year Business Started: _____ Type of Business or Occupation _____
Federal ID #: _____ State of Incorporation _____ Year of Incorporation _____
Ownership: Sole Proprietorship Partnership Corporation LLC
Business Phone: (____) _____ Business Fax: (____) _____ Other Phone: (____) _____
E-mail Address: _____
If Corporation: President _____
Corporate Secretary _____

II STOCK HOLDER'S, OWNER'S, PARTNERS'S & OR MEMBER'S PERSONAL INFORMATION

Legal Name of Owner _____ Title: _____
Legal Name of Owner's Spouse _____
Home Address _____

Home Phone: (____) _____ Home Fax: (____) _____
Owner's Social Security #: _____ Spouse's Social Security #: _____
Owner's Date of Birth: _____ Spouse's Date of Birth: _____

Legal Name of Owner _____ Title: _____
Legal Name of Owner's Spouse _____
Home Address _____

Home Phone: (____) _____ Home Fax: (____) _____
Owner's Social Security #: _____ Spouse's Social Security #: _____
Owner's Date of Birth: _____ Spouse's Date of Birth: _____

Legal Name of Owner _____ Title: _____
Legal Name of Owner's Spouse _____
Home Address _____

Home Phone: (____) _____ Home Fax: (____) _____
Owner's Social Security #: _____ Spouse's Social Security #: _____
Owner's Date of Birth: _____ Spouse's Date of Birth: _____

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BANK REFERENCE

BANK: _____

COMPANY: _____

ADDRESS: _____

BY: _____ DATE: _____
(Signature of Owner)

TO BE COMPLETED BY BANK

Account Information

Checking: _____ Date Opened: _____ Average Balance: _____
Savings: _____ Date Opened: _____ Average Balance: _____
Other: _____ Date Opened: _____ Average Balance: _____

Line of Credit

Effective Date: _____ Expiration Date: _____
Gross Amount: _____ Amount Available: _____
Terms & Conditions: _____

Loan Experience

Date Opened: _____ High Credit: _____
Secured: _____ Unsecured: _____
Current Balance \$ _____ Monthly Payment \$ _____
Account Rating: _____

If the customer requires additional funding, would you consider the request? YES ___ NO ___

Remarks: _____

Signature: _____ Title: _____

Name (Print): _____

Phone: _____ Date: _____

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