

BDH ASSOCIATES, INC.

4572 Lawrenceville Hwy, Suite 201

Lilburn, GA 30047

(770) 564-2999 or Toll Free (888) 328-0500

Fax: (770) 564-9327

QUICK CHECKLIST FOR BID & PERFORMANCE BONDS & MAINTENANCE BONDS

All of the following information is for the Surety Company.

- _____ Contractor's Questionnaire
- _____ Business Financial Statement - last 3 years
- _____ Personal Financial Statement from all owners
- _____ Resumes on all owners & key people
- _____ Schedule of Uncompleted Work
- _____ Certificate of Insurance
- _____ Bank Line Letter or Reference Letter
- _____ Business Plan
- _____ General Agreement of Indemnity - please complete the Indemnity Agreement Information so we can get this prepared.
- _____ 3 Letters of Reference from Suppliers
- _____ 3 Job Reference letters from completed jobs

All of the following information is for the Small Business Administration, if they will be utilized to obtain your bonds.

- _____ Form 994 - must have 1 with an original signature for each requested bond
- _____ Form 1624 - must have 1 with an original signature for each requested bond.
- _____ Form 1261 - all owners and their spouses and all corporate officers must sign and date this form
- _____ Form 912 - each owner and spouse must complete, sign and date one of these forms.

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CHECKLIST FOR BID OR PERFORMANCE BONDS

Enclosed is our Contract Bond Kit. Complete the attached forms in detail to secure a quick response:

1. Contractor's Questionnaire

Please answer all questions completely.

2. Business Financial Statements

It is necessary to furnish copies of year-end financial statements for the last three years.

These financial statements must be prepared on an accrual basis by a Certified Public Accountant and include the following:

- a. accountant's cover letter
- b. balance sheet
- c. profit and loss statement
- d. accompanying notes
- e. cash flow statement

If the most recent year-end financial statement is older than six months, please include an interim financial statement.

3. Confidential Personal Financial Statement

All owners must submit a personal financial statement dated as of the company's last year end. Forms are enclosed for your convenience.

4. Information for Requested Bond(s)

Bid/Final Bond Request - Please complete the enclosed forms. Copy of Bid Invitation, Request for Proposal (RFP) or copy of contract is required on all Final Bonds. Please provide Bid or Final Bond form if special form is required.

5. Resumes

Please submit a resume for each owner as well as key employees (job foreman, head estimator, etc.). Forms are enclosed for your convenience.

6. Statement of Contracts-in-Progress

Please complete in detail, dated as of the company's last year-end and as of the current date if year-end is over 30 days past.

7. Certificate of Insurance

Please provide a certificate showing current coverages for all business insurance.

8. Additional Information

Please include any additional information, such as letters of reference from your suppliers and from previous job owners.

9. Bank Letter

If you have a formal Line of Credit set up with your bank, please get a letter from the bank giving specifics of the line of credit. If no formal line of credit is set up, please have your bank give you a reference letter showing how long you have banked with them, what accounts you have, etc.

The more we know about you and your company, the better we can help you secure the bonds you need. Any kind of letter from you telling us where you and your company have been, where it is today, and where you want to take it in the near future would be very helpful. If you have any questions on the enclosed forms, please give us a call. We want to help you in any way we can to bid bigger jobs and have a larger work program.

Sincerely yours,

Robert G. Hrehor

Robert G. Hrehor
President

RGH/dlh

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

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

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

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 _____ 20_____

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/Share	Market Value	Exchange & Call Sign

REAL ESTATE							
Location/Description	Year Acquired	Cost	Market Value	Monthly Income	Monthly Pavmen	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: _____

PERSONAL RESUME

Principal: _____ Telephone (____) _____

Home Address: _____

PERSONAL DATA

Date of Birth _____ Social Security #: _____

Driver's License # _____ Marital Status: _____

Spouse's Name _____ Spouses Employer, Address, Position & Length of

Employment _____

EDUCATION

Did you Graduate from High School? Yes No (please circle one)

College - _____ to _____ Name & Address of College: _____

Special Education relating to Construction and/or to your type of profession:

Business and professional Experience relating to construction and/or your type of profession:

From: _____ Job Title: _____

To: _____ Job Duties: _____

From: _____ Job Title: _____

To: _____ Job Duties: _____

PERSONAL REFERENCES:

Name	Address	Phone	Time Known	Relationship
------	---------	-------	------------	--------------

Name	Address	Phone	Time Known	Relationship
------	---------	-------	------------	--------------

Name	Address	Phone	Time Known	Relationship
------	---------	-------	------------	--------------

USE REVERSE SIDE FOR ADDITIONAL INFORMATION

BUSINESS PLAN

Name of Business _____

Address of Business: _____

Year Business Began: _____ If Corporation, date of incorporation? _____

Financial Year End? _____ Number of employees when you began? _____ Now? _____

Name & Position of Relatives who work for the business:

1. _____

2. _____

3. _____

4. _____

Sales volume first year in business: _____ Sales for latest 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 of 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: _____

What will happen to your business when you retire? _____

Outline your business goals for the next 12 months: _____

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BOND NO. _____

SBA Account? YES % NO %

SBG # _____

BOND REQUEST INFORMATION FORM

Request for: Bid Bond % Performance/Payment Bond % Maintenance Bond % Request Date: _____

Contractor's Name & Address _____

Obligee's Name & Address _____

Description of work and location: _____

Bid Date & Time: _____ Contractor's Estimate: \$ _____ Bid Bond Amt.: (____%) \$ _____

Start Date: _____ Completion Date: _____ Liquidated Damages: _____/Day

Performance Bond Amt: \$ _____ Payment Bond Amount \$ _____

Bond Form: AIA311 % AIA312 % Federal % Attached % Copy of Contract: Attached % To Follow %

Architect's Name & Address: _____

Unusual Features: _____

Job Breakdown: \$ _____ Material \$ _____ Labor % Subbed: _____%

Subcontracted: \$ _____ Electrical \$ _____ Plumbing Subs Bonded Back? _____

\$ _____ Site Prep \$ _____ (_____)

Amount of Uncompleted Work On Hand: \$ _____

Current Work on Hand report attached? Yes % No %

Bid Results:

1. _____ \$ _____ 3. _____ \$ _____

2. _____ \$ _____ 4. _____ \$ _____

Remarks: _____

DELIVERY INSTRUCTIONS (please indicate): % Regular Mail % Other _____

(Bond will be sent regular mail unless otherwise indicated) % Overnight: Name of Carrier _____ Account Number: _____

Submitted by: _____ Date: _____

Approved by: _____ Date: _____ Within In-House Authority: Yes % No %

Premium Rate: \$ _____ per thousand TOTAL PREMIUM: \$ _____ SBA Fee (.745%) = \$ _____

INDEMNITY AGREEMENT INFORMATION

I

COMPANY INFORMATION

Legal Name of Company _____

Address of Company _____

Federal ID #: _____

Sole Proprietorship Partnership Corporation LLC

If Corporation: President _____

Corporate Secretary _____

II

OWNER'S INFORMATION

Legal Name of Owner _____ Title: _____

Legal Name of Owner's Spouse _____

Home Address _____

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 _____

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 _____

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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WRITTEN VERIFICATION OF CREDIT

To: _____

DATE: _____

RE: _____

Dear Sir/Madam:

We were given your name as a reference by the above company as one of its suppliers.

We would greatly appreciate it if you would take the time to give us some information about your relationship with this company. Of course, any information you give us will remain strictly confidential.

DATE ACCOUNT OPENED: _____

HIGH CREDIT: _____

TERMS: _____

CURRENT BALANCE: _____

RATING: _____

COMMENTS: _____

Completed by: _____

DATE: _____

Thank you very much for your time and help.

Sincerely,

Contract Underwriting Department

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COMPLETED JOB VERIFICATION

To: _____

Date: _____

Re: _____

The above contractor has applied to us for bonding credit and has submitted information which lists the following completed contract as a reference:

Project: _____

Location: _____

Contract Amount: _____ Completion Date: _____

Would you please give us your opinion and answers to the questions listed below? Any information you give us will be strictly confidential.

We have enclosed a self-addressed, stamped envelope for your convenience. Thank you.

BDH Associates, Inc.

Contract Underwriting Department

=====

- | | Yes | No |
|---|-------|-------|
| 1. Was the job completed on schedule or if uncompleted, is it currently on schedule?
(If the answer is "no", please comment below) | _____ | _____ |
| 2. Have you received any notices of claims or unpaid bills? | _____ | _____ |
| 3. Quality of Work: _____ Excellent _____ Good _____ Fair _____ Poor | | |
| 4. Do you feel this company is qualified to do this type of work? | _____ | _____ |
| 5. Remarks, including your opinion of the contractor's character: _____

_____ | | |

Date: _____ By: _____

Title: _____

SCHEDULE OF UNCOMPLETED WORK - BONDED AND UNBONDED

Name of Contractor _____

Date: _____

Project Name	Start Date	Completion Date	Bonded Yes/No	Contract Price	Estimated Cost When Bid	Bill to Date (include approved change orders)	Cost to Date (include approved change orders)	Cost to Complete
TOTALS								

Total Uncompleted Work: _____
 Bonded: _____
 Unbonded: _____
 Total Uncompleted Work by Subcontractors: _____

Signed by: _____
 Date: _____
 Comments: _____

