



UNIVERSAL SURETY COMPANY INLAND INSURANCE COMPANY



PO Box 80468
Lincoln, NE 68501

**AGENCY:
ADDRESS:**

*Number of Years Agent
has Handled Account*

CONTRACTOR PROFILE		
<i>Full Legal Name of Firm</i>		C Corp. <input type="checkbox"/> Sub S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>
<i>Mailing Address</i>	<i>Telephone</i>	
<i>Website</i>		<i>Tax ID Number</i>

Resume of Firm		
<i>Date Business Founded</i>	<i>Date of Incorporation</i>	<i>State of Incorporation</i>

List of Owners/Officers					
Name	Position	% of Ownership	Date of Birth	Date of Employment	Name of Spouse

List of Key Company Personnel (if other than above)				
Name	Position/Responsibilities	Date of Birth	Date of Employment	Company Life Insurance

<i>Have any Officers/Owners Ever, or has This Company Ever: (please attach explanation if checked)</i>	
<i>Petitioned for Bankruptcy?</i> <input type="checkbox"/> <i>Defaulted on a Contract</i> <input type="checkbox"/>	<i>Failed in Business</i> <input type="checkbox"/> <i>Caused a Surety to Pay a Loss</i> <input type="checkbox"/>
<i>Is the Company or Indemnitors Presently Involved in a Lawsuit or Arbitration?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	

Business Continuity	
<i>Does your firm have a Buy/Sell Agreement?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>How and in what amount is it funded?</i>
<i>Does your firm have a plan to finish uncompleted work in the event of death of owner(s)?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>By whom?</i>

Operations

What types of work do you undertake?	Geographical area of operation?
What percentage of your work is as Prime? Subcontractor?	What trades do you typically subcontract?
Is your firm a Union Contractor? <input type="checkbox"/> Non-Union Contractor? <input type="checkbox"/>	If Union, when does your next major contract expire? Under what circumstances do you require bonds from subs?

Financial Reporting

When is your fiscal year end?	Accounting Method of Financial Statements? Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Completed Contract <input type="checkbox"/> % of Completion <input type="checkbox"/>	
Do you have a full time accountant on staff? Yes <input type="checkbox"/> No <input type="checkbox"/>	Level of Assurance of Financial Statements? Compilation <input type="checkbox"/> Review <input type="checkbox"/> Audit <input type="checkbox"/>	
How often are internal financial statements prepared?	Name and Address of CPA Firm	
Who prepares interim statements?	Year of last IRS Audit	How often are job cost records reviewed?
Have any changes occurred since the fiscal year end (purchase of fixed assets, real estate or loans to officers, etc) that would significantly affect the financial statement? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please explain)		

Related Companies

List any subsidiaries and affiliates of your company:
Please note which, if any, of these related entities require surety credit.

Experience

List the largest projects completed by your company					
Project Name	Contract Price	Gross Profit	Owner/General Contractor	Completion Date	Bonded?
			Phone:		
			Phone:		
			Phone:		
			Phone:		
			Phone:		

Work In Process

Please attach a "Status of Contracts" Schedule that corresponds with the year-end statement along with a current backlog report.

Are any projects behind schedule? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are any projects in penalty? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there delays or disputes on any projects? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you 10% or more lower than second bidder on any project? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please attach explanation for any "Yes" answers.	

Credit

Supplier				
Name of Supplier	Address	Contact Name	Telephone Number	Fax Number
With supplier accounts, are you presently				
Discounting?	Paying in 30 days?	Paying in 30-60 days?	Paying over 60 days?	
Surety				
Name of Prior Surety Company		Reason for Leaving Prior Surety		
With Surety since?				
Bank				
Bank Name		Address	Name of Loan Officer	
Line of Credit Established	Amount Outstanding	Security Pledged		
Average Daily Deposit Balance		Other Term Notes Outstanding		

Please attach:
The last three(3) fiscal year-end financial statements. If statements are not audited, please include with the last year-end statement, supporting schedules of accounts receivable and payable and schedule of bank accounts
Current interim financial statement if fiscal year-end occurred over six months ago.
Personal financial statements of owners, partners or proprietors concurrent with last fiscal year-end statement.

I understand and intend that Universal Surety Company and Inland Insurance Company are relying upon the representations made in this Application as being true, and I represent that every representation and statement of fact provided by me in this Application is true. I acknowledge that Universal's and Inland's reliance upon this information is reasonable, and I further represent that I will notify Universal, Inland, and the agent to whom this Application is being presented as soon as I learn that any of the facts provided herein have changed or that any of the information provided herein is different than represented herein. I further understand that, upon Universal's and Inland's discovery that any of the information herein is not accurate, they may immediately cancel any and all bonds written for my benefit or for the benefit of the Applicant identified herein, regardless of when any such discovery is made. On behalf of the Applicant I covenant not to sue in the event of any such cancellation and I agree to indemnify Universal and/or Inland from any and all costs and losses of any kind incurred as a result of such cancellation. This obligation shall survive termination and/or cancellation of any bonds written on behalf of Applicant.

I hereby authorize Universal Surety Company and Inland Insurance Company 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.

Date _____ Signature _____

Title