

**CCP – CONTRACTOR CREDIT PROGRAM
ENROLLMENT APPLICATION**

GENERAL COMPANY BACKGROUND

1) Company Name _____ 2) Email _____
(Exact legal name as it appears on contractor's license)

3) Business Address _____
Street City County State Zip

4) Phone (_____) _____ Fax (_____) _____ Mobile (_____) _____

5) Year Started: _____ 6) Fed. Tax ID# _____ 7) Website _____

8) Construction License(s) _____
(List license no. and state)

9) Contractor Specialty:

- | | | |
|--|--|--|
| <input type="checkbox"/> HVAC / Mechanical | <input type="checkbox"/> Roofing | <input type="checkbox"/> Carpentry / Millwork |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Masonry / Concrete | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Steel / Structural | <input type="checkbox"/> Fire Protection Systems |
| <input type="checkbox"/> Excavation / Site Work | <input type="checkbox"/> Painting | <input type="checkbox"/> Asbestos Abatement |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Drywall / Carpentry | <input type="checkbox"/> Glass / Windows |
| <input type="checkbox"/> Special Trade / Other _____ | | |

10) Business Type Corporation (Sub S Corp? Yes__ No__) Partnership Sole Proprietor L.L.C.

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

If yes, is this agreement funded by life insurance? Yes No

12) Annual Revenue Volume: \$ _____

13) Percentage of work performed: ___% Public ___% Private; as a General Contractor ___% Subcontractor ___%

Percentage of work you: self-perform ___% sub out to others ___%

14) What trades do you sub out? _____

15) Territory in which you perform work (present & planned) _____

Surety Agency Information

Agency Name _____ Agency Contact _____
(If none, state "N/A")

Address or Branch _____ Telephone _____

16) List of Owners / Indemnitors (please provide information on all owners; use additional sheet if necessary)

The undersigned hereby authorizes the Company, its affiliates, or sureties to request and review all data they deem appropriate about the undersigned, including credit, background and driver's license reports from agencies, now and for all future reviews, extensions, or renewals of surety credit to the undersigned or others. Such information will only be shared with the Company, its affiliates, sureties or authorized agents for the purposes of underwriting and issuing surety credit to the undersigned or their affiliates.

(Please print clearly; all owners / indemnitors and spouses must sign)

Name _____ Home Address _____ City/State/Zip _____ DOB _____ SS# _____ Driver's License (State & No.) _____ % Ownership _____ Position/Title _____ Signature X _____ Spouse Name _____ <i>(If none, state "none")</i> DOB _____ SS# _____ Signature X _____	Name _____ Home Address _____ City/State/Zip _____ DOB _____ SS# _____ Driver's License (State & No.) _____ % Ownership _____ Position/Title _____ Signature X _____ Spouse Name _____ <i>(If none, state "none")</i> DOB _____ SS# _____ Signature X _____
Name _____ Home Address _____ City/State/Zip _____ DOB _____ SS# _____ Driver's License (State & No.) _____ % Ownership _____ Position/Title _____ Signature X _____ Spouse Name _____ <i>(If none, state "none")</i> DOB _____ SS# _____ Signature X _____	Name _____ Home Address _____ City/State/Zip _____ DOB _____ SS# _____ Driver's License (State & No.) _____ % Ownership _____ Position/Title _____ Signature X _____ Spouse Name _____ <i>(If none, state "none")</i> DOB _____ SS# _____ Signature X _____

17) Please list key personnel to your operations:

Name	Position	Birth Year	Years Experience

18) Please list all subsidiaries and affiliated companies:

Company Name	Owner's Name	% of Ownership	Type of Business

19) List the five largest contracts completed in the last five years:

Owner/ General Contractor	Type of Work	Location (City/State)	Contract Amount	Completion Date	Final Gross/ Profit	Contact (Name/Phone#)

20) List the jobs you presently have underway:

Owner/ General Contractor	Type of Work	Location (City/State)	Contract Amount	Estimated Completion Date	Estimated Gross/ Profit	Contact (Name/Phone#)

21) List your major suppliers:

Supplier Name	Address, City, State, Zip	Contact Person	Telephone & Fax

BONDING & INSURANCE INFORMATION

22) Has your company ever been bonded? Yes No

If yes, previous surety company _____

Reason for changing _____ Largest single bonded contract \$ _____

23) Has any collateral been deposited with any prior surety? Yes No If yes, amount \$ _____

Has collateral been released? Yes No N/A

24) Liability Insurance Company _____

Coverage Limits \$ _____ Expiration Date _____

25) List any life insurance in effect on owners, officers, or key personnel:

Policyholder	Beneficiary	Amount	Insurance Company
		\$	
		\$	
		\$	
		\$	

FINANCIAL INFORMATION

26) Please complete the following based on the aggregate or combined total amounts for the business as well as the personal holdings of the individual owners.

Cash on Hand & in Banks and Marketable Stocks & Bonds	\$ _____
Net Equity in Real Estate (net of mortgages)	\$ _____
Net Equity in Equipment	\$ _____
Other Miscellaneous (cash value of life insurance, annuities, etc.)	\$ _____
TOTAL	\$ _____

27) Do you have a line of credit? Yes No Amount of Line \$ _____ Expiration Date _____
 Amount in Use \$ _____ How Secured? _____

OTHER

28) Please check yes or no to the following questions:

	Company	Officer or Owner
a. Have there been any changes in ownership control?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Failed in business or declared bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Failed to complete a contract assessed with delay penalties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Been involved in any litigation in the past 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Are a defendant in any legal action?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Been in claims with a surety?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Are an owner, partner or officer of any other venture?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Are under indictment, on probation or parole, or ever been charged or convicted for a criminal offense?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Are any taxes past due?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Explain all "yes" answers below (use additional sheet if necessary)

► **INTERVIEW CONTACT (VERY IMPORTANT)**

The Company will be contacting you to conduct an interview within the next 48-72 hours. Please provide the best contact person and information for us to reach you.

Contact Name _____ Telephone No. _____ Email _____

► **HAVE ALL OWNERS/INDEMNITORS AND THEIR SPOUSES SIGNED ON PAGE 2? (VERY IMPORTANT)**

The undersigned hereby affirms that the statements, information and responses contained herein are true and accurate, and are made to include the Surety to extend surety credit. The applicants and indemnitors authorize the Company, its affiliates, or sureties, to verify this information and to obtain additional information as it considers necessary from any source including obtaining a credit report.

Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law.

X _____
Signature Date

Printed Name Title

Company Name

For Internal Use Only

This contractor is: Approved Declined Client No. _____

If approved, bonding line limits: \$ _____ single \$ _____ aggregate

Approved for the following trades:

- | | | |
|--|--|--|
| <input type="checkbox"/> HVAC / Mechanical | <input type="checkbox"/> Roofing | <input type="checkbox"/> Carpentry / Millwork |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Masonry / Concrete | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Steel / Structural | <input type="checkbox"/> Fire Protection Systems |
| <input type="checkbox"/> Excavation / Site Work | <input type="checkbox"/> Painting | <input type="checkbox"/> Asbestos Abatement |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Drywall / Carpentry | <input type="checkbox"/> Glass / Windows |
| <input type="checkbox"/> Special Trade / Other _____ | | |

Authorized Signature _____ Printed Name _____ Date _____

Modified bonding line limits: \$ _____ single \$ _____ aggregate

Authorized Signature _____ Printed Name _____ Date _____