



## Standard/Preferred Contract Surety Programs

For over 110 years, Western National Insurance Group has been building relationships with independent insurance agents and their customers to provide personalized solutions and responses within hours and not weeks. We are "A IX" rated with A.M. Best and have a \$26,960,000 treasury listing with the U.S. Treasury Department with multiple competitive rating plans to help contractors compete in today's marketplace. We target contractors that have initial needs up to \$5,000,000 single and \$15,000,000 bonded aggregate work programs but have the ability to continue to grow with our contractors as they continue to grow their businesses. The details of a client's situation are more important to us than simply type of class of business so we target most types of contractors including general contractors, most classes of building subcontractors, highway contractors, utility-underground contractors and heavy equipment contractors. We are unable to service developers or environmental contractors which are better served by specialized surety markets.

We do not have any minimum working capital or net worth requirements but normally we are unable to consider negative working capital or net worth cases. Typically for projects over \$1,000,000 we desire a C.P.A. Reviewed financial statement with revenues recognized under the percentage of completion basis of accrual accounting. The statement should be prepared by a C.P.A. familiar in construction accounting methods and contain full notes and schedules including schedules of completed and uncompleted work.

We need the following information to complete our underwriting:

1. The attached contractor's questionnaire completed (we also accept substitute forms from other recognized surety companies)
2. The fiscal year end financial statements for the last 3 years
3. The current six-month or more recent interim financial statement if the fiscal year end is more than 6 months old. Please note we only accept statements completed at month-end.
4. The aging of account receivables for the most recent financial statement with an explanation on receivables over 90 days.
5. The most recent fiscal year end financial statement or tax return on all related companies
6. The current personal financial statements on all owners owning 10% or more of company stock.
7. The most recent work on hand report (schedule of uncompleted work)
8. The attached bank reference form completed or business and personal bank statements to verify the cash and brokerage account balances.
9. The most recent business and personal tax returns unless the firm is a C-Corporation where taxes paid directly by the company.
10. If the firm has an immediate bond need we will need the attached bond request form completed with a copy of the invitation to bid or a copy of the contract and any special bond forms required.

We may have additional questions after reviewing an initial submission since each case is individually underwritten. We also typically meet with our more active accounts to help better understand their business and their needs and to maintain a long-term relationship with our agents and contractors.

If you have any questions, please give us a call and Welcome To The Relationship Company – Western National Insurance Group!

**I. BUSINESS INFORMATION**

Business name: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Firm address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web site: \_\_\_\_\_

State of incorporation: \_\_\_\_\_ Year started: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Is your firm union?  Yes  No  Both

Contracting specialty: \_\_\_\_\_

LEED project experience:  Yes Number of projects: \_\_\_\_\_  No Number of LEED Certified employees: \_\_\_\_\_

Geographic area(s) of operation: *(Territory)* \_\_\_\_\_

Type of business:  C-Corp.  Sub S. Corp.  Part.  Sole Prop.  LLC  LLP

Employees (# of): Office: \_\_\_\_\_ Field (min.): \_\_\_\_\_ to (max.): \_\_\_\_\_ Current total: \_\_\_\_\_

Affiliations:  AGC  ASA  ABC  CFMA Other: \_\_\_\_\_

Certifications:  8a  HubZone  SDVOSB Other: \_\_\_\_\_

**II. OFFICER INFORMATION**

List all Owners, Proprietors, Partners and Officers of the firm:

	a. Full legal name:	b. Percentage owned:	c. Date of birth:	d. Social Security Number:
	e. Position:	f. Since:	g. Home address:	
	h. Spouse legal name:		i. Spouse date of birth:	j. Spouse Social Security Number:
<b>1</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>2</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>3</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>4</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>5</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____

Will all owners and their spouses provide full personal indemnification to the surety?  Yes  No *(explain below)*

Explain: \_\_\_\_\_

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

Is this agreement funded by life insurance?  Yes  No



### III. BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, failed to complete a contract, or caused a loss to a surety? **If yes, please attach explanation.**  Yes  No

Is your firm or any of its owners or officers currently involved in any litigation? **If yes, please attach explanation.**  Yes  No

Percentage of the firm's work for: Government Owners: \_\_\_\_\_% Private Owners: \_\_\_\_\_% Other Contractors: \_\_\_\_\_%

Trades you normally undertake with your own employees:  None (*Paper GC*)  \_\_\_\_\_

Percentage of the firm's work normally subcontracted to others: \_\_\_\_\_%

Trades you normally subcontract: \_\_\_\_\_

Sub bonding policy: \_\_\_\_\_

Preferred job size range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Number of jobs at a time: \_\_\_\_\_

Largest cost to complete backlog: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Number of jobs: \_\_\_\_\_

Largest job expected during the next year: \_\_\_\_\_

Largest backlog expected during the next year: \_\_\_\_\_

Expected annual volume this current fiscal year: \_\_\_\_\_ Next fiscal year: \_\_\_\_\_

Do you lease equipment?  Yes  No Type of lease: \_\_\_\_\_

Terms of the lease: \_\_\_\_\_

### IV. FINANCIAL INFORMATION

Name of CPA Firm: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company address: \_\_\_\_\_

Company phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

On what basis are taxes paid?  Cash  Completed Job  Accrual  % of Completion

On what basis are financial statements prepared?  Cash  Completed Job  Accrual  % of Completion

On what level of assurance are financial statements prepared?  CPA Audit  Review  Compilation

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

How are bills paid?  Discounts taken as offered  Prompt within payment terms  Late, within \_\_\_\_\_ days of due

Any material troubled A/R?  No  Yes Explain: \_\_\_\_\_

Changes to the balance sheet since last fiscal year end: (contributions, distributions, loans, material asset buys or sells, financing, etc.)

Do you have a full time accountant on staff?  Yes  No Name: \_\_\_\_\_

Staff accountant professional designations:  CPA  CCIFP  Other: \_\_\_\_\_

Accounting software: \_\_\_\_\_

Estimating software: \_\_\_\_\_

Job cost software: \_\_\_\_\_

### V. BANK INFORMATION

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

With this bank since: \_\_\_\_\_ Relationship currently includes:  Deposit accounts  Revolving line of credit  Term loans

Line of credit (LOC) year opened: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Line expires: \_\_\_\_\_

LOC –  Unsecured  Secured By: \_\_\_\_\_

LOC – special terms or sublimits: \_\_\_\_\_

Other banks used and purpose: \_\_\_\_\_

### VI. EXPERIENCE & REFERENCES

**Previous bonding companies:**

	<u>Name:</u>	<u>Dates:</u>	<u>Reason for leaving:</u>
<b>1</b>	_____	_____	_____
<b>2</b>	_____	_____	_____
<b>3</b>	_____	_____	_____

Have you ever been turned down by a surety?  Yes  No **If yes, why?** \_\_\_\_\_

**Largest completed contracts: (largest first)**

	<u>a. Job name:</u>	<u>b. City, State:</u>	<u>c. Contract price:</u>	<u>d. Gross profit:</u>	<u>e. Date completed:</u>	<u>f. Bonded?</u>
	<u>g. Contact name:</u>	<u>h. Firm:</u>	<u>i. Phone:</u>	<u>j. Fax:</u>	<u>k. E-mail:</u>	
	<u>l. Project description:</u>					
<b>1</b>	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
<b>2</b>	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
<b>3</b>	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
<b>4</b>	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
<b>5</b>	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					

**Major suppliers: (largest volume first)**

	<u>Name:</u>	<u>Products:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
<b>1</b>	_____	_____	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____	_____	_____
<b>3</b>	_____	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____	_____

**Major trade subcontractors (or contractors if you are a trade contractor): (largest volume first)**

	<u>Name:</u>	<u>Trade:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
<b>1</b>	_____	_____	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____	_____	_____
<b>3</b>	_____	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____	_____

**Specialty trade subcontractors:**

	<u>Name:</u>	<u>Trade:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
<b>1</b>	_____	_____	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____	_____	_____



VIII. KEY PERSONNEL

Additional key personnel:

	Name:	Designation(s):	Position:	Birth year:	Years experience	
					This company:	Total:
1						
2						
3						
4						
5						

IX. LIFE INSURANCE INFORMATION

Life insurance in effect on officers or key personnel:

	Insured:	Beneficiary:	Death benefit:	Insurance company:
1				
2				
3				
4				

X. BUSINESS INSURANCE INFORMATION

Staff Risk Manager: \_\_\_\_\_ Designations:  AFSB  CPCU  CRIS  Other: \_\_\_\_\_

Insurance broker/agency: \_\_\_\_\_ City/ State: \_\_\_\_\_

Agent's name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Key expiration dates: \_\_\_\_\_

XI. SUBSIDIARIES AND AFFILIATES

Subsidiaries and affiliates of the applicant firm:

	Firm name:	Ownership/relationship:	Type of business:	FEIN:	Cross/Corp. Indemnity?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:



**XII. ATTACHMENTS**

- Copies of the last three fiscal year end financial statements including work in progress & completed contract schedules
- Current interim financial statement and work in progress report if fiscal statement is over six months old
- Current personal financial statement for all indemnitors
- Bank Line of Credit Agreement
- Business Plan
- Federal Tax Returns
  - Company – years: \_\_\_\_\_
  - Personal – years: \_\_\_\_\_
- Buy/Sell Agreement
- Specimen copy of Subcontract Agreement
- Certificate(s) of Insurance (*all lines carried*)
- Resumes of owners/key employees
- Brochure and/or Letters of Recommendation about the accomplishments of your firm
- Other: please describe below under “Additional Remarks”:

**Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.**

**This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.**

Name of Firm: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Remarks:







### Completed Jobs

Job Number	Owner and Job Description	Start Date	Completion Date	Bonded	Final Contract Price	Total Cost	Final Gross Profit/Loss
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			

### Comments

Signed By: \_\_\_\_\_

Date: \_\_\_\_\_





**5. CASH VALUE OF LIFE INSURANCE**

Name and Address of Company	Beneficiary	Face Value	Cash Value	Amount of Loans Against

**6. OTHER ASSETS**

Description	Title Holder	Cost	Market Value	Age of Assets

**7. LOANS PAYABLE**

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

**8. ACCOUNTS AND NOTES PAYABLE (Including Charge Accounts)**

Payable to Whom	Address	Amount	Date Payment as due	How Secured?

**9. TAXES PAYABLE (State & Federal)**

Description	Amount	Date Payment is Due

**10. OTHER**

Location/Description	Payable to Whom	Amount	Date Payment is Due	How Secured?

Are you contingently liable or endorser on any bonds or other obligation?      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 separate sheet of paper

I hereby certify and declare that the above statement presents accurately my financial condition to the best of my knowledge and belief and I hereby authorize and request any person, firm or corporation to furnish any information requested by WESTERN NATIONAL MUTUAL INSURANCE COMPANY, for itself and its affiliates, parents, and subsidiaries, individually, and collectively (hereinafter referred to as the Surety) concerning any transaction with the undersigned; and the said Surety 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 purpose of securing reinsurance or co-suretyship.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature



The relationship company

Western National Insurance Group

10851 N. Black Canyon Highway Suite 125
Phoenix, AZ 85029
(602) 314-5997 or Toll Free (855) 283-8106 Fax (800) 999-3464
Web: http://www.wnins.com

BANK / CREDIT REFERENCE FORM

nasbp.org/toolkit

By signing the line below, I hereby authorize \_\_\_\_\_ to release to Western National Insurance Group the information requested and to discuss same with them, said to remain in effect until rescinded.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

The section below is to be completed by your bank.

ACCOUNT INFORMATION

Account Name: \_\_\_\_\_
Address: \_\_\_\_\_
Financial Institution: \_\_\_\_\_
Customer Since: \_\_\_\_\_ Information is current as of: \_\_\_\_\_

Table with 3 columns: Current Balance, Average Balance (last 12 months), Checking, Savings. Rows for Current Balance and Average Balance.

LINES OF CREDIT INFORMATION

Table with 3 columns: Line of Credit, Working Capital, Equipment. Rows for Total Approved Credit, Amount Currently Borrowed, Maximum Borrowed, Minimum Borrowed, Expiration Date, and In compliance with all covenants?

GENERAL INFORMATION

Comments: \_\_\_\_\_

COMPLETED BY

Name: \_\_\_\_\_ Title: \_\_\_\_\_
Branch: \_\_\_\_\_ Phone: \_\_\_\_\_
E-mail: \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_





# Western National Insurance Group

10851 N. Black Canyon Highway Suite 125  
Phoenix, AZ 85029  
(602) 314-5997 or Toll Free (855) 283-8106 Fax (800) 999-3464  
Web: [www.wnins.com](http://www.wnins.com)

# CONTRACT BOND REQUEST FORM

[nasbp.org/toolkit](http://nasbp.org/toolkit)

To: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
From: \_\_\_\_\_

Contractor: \_\_\_\_\_  
Obligee (Bond Payable To): \_\_\_\_\_  
Address: \_\_\_\_\_  
Legal Project Name (including any identifying numbers): \_\_\_\_\_

Job Location: \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Work On Hand As Of: \$ \_\_\_\_\_  
Completion Time: \_\_\_\_\_ Penalties/Damages: \$ \_\_\_\_\_  
Special Bond Forms?  Yes (attach forms)  No Retainage: % \_\_\_\_\_  
Warranty Period: \_\_\_\_\_ Covered By Manufacturer?  Yes  No  
Job Breakdown: Labor: % or \$ Materials: % or \$  
Subcontracts: % or \$ Profit: % or \$

List Major Subcontractors	Amount	Sub Bonded?
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Architect/Engineer \_\_\_\_\_ Phone: \_\_\_\_\_  
Special Hazards: \_\_\_\_\_

## BID BOND INFORMATION

Bid Date and Time: \_\_\_\_\_ Estimated Bid: \$ \_\_\_\_\_  
Bid Bond Amount: % or \$ Bid Opening Location: \_\_\_\_\_

## BID RESULTS

Low Bidder: \_\_\_\_\_ Bid Amount: \$ \_\_\_\_\_  
2<sup>nd</sup> Bidder: \_\_\_\_\_ Bid Amount: \$ \_\_\_\_\_  
3<sup>rd</sup> Bidder: \_\_\_\_\_ Bid Amount: \$ \_\_\_\_\_  
Do you expect to be awarded the contract?  Yes  No  
Comments: \_\_\_\_\_

## PERFORMANCE & PAYMENT BOND INFORMATION

Contract Date: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_  
Performance Bond Amt: % Payment Bond Amt: % Number of Executed Sets: \_\_\_\_\_  
Please include a certificate of insurance with the bond:  Yes (attach requirements)  No

**NOTE: Please attach a copy of the bid specs or contract. Failure may result in the delay of delivery of the bond.**

