



1710 N. Douglas Drive, Golden Valley, Minnesota 55422  
Ph. 763-543-6993 ~ Fax 763-512-0430  
Toll Free 866-317-3294

### *Application Checklist for the SBA Bond Guarantee Program*

1. \_\_\_\_ Questionnaire (attached)
2. \_\_\_\_ Bank reference letter (template attached)
3. \_\_\_\_ SBA Form 912: Statement of Personal History (attached)
4. \_\_\_\_ SBA Form 994: 3<sup>rd</sup> page only (attached). Officer must sign at the top on behalf of the company; then ALL owners AND spouses must sign at the bottom as individuals
5. \_\_\_\_ SBA Form 994F: Work on hand schedule (template attached)
6. \_\_\_\_ Job & Supply References (templates attached) – 3 each
7. \_\_\_\_ Current Certificate of Insurance
8. \_\_\_\_ Personal financials for all owners – must be within 1 year
9. \_\_\_\_ Last three fiscal year-end financial statements
10. \_\_\_\_ Last three year-end tax returns for any affiliated companies
11. \_\_\_\_ Latest available internal financial statement

If you have a current bid or performance & payment bond request, please send the following:

1. \_\_\_\_ Bond Request Form (attached)
2. \_\_\_\_ Bid Invitation, for bid bonds
3. \_\_\_\_ Copy of the contract and bond forms, for performance & payment
4. \_\_\_\_ Performance & payment Bonds require SBA Fee Payment – Fee is 0.729% of the total contract value

Please submit your complete application to Jeremy Crawford via fax or email to [jcrawford@ccisurety.com](mailto:jcrawford@ccisurety.com). If you have any questions regarding this application or the SBA Program please feel free to call CCI Surety, Inc.



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**CONTRACTOR'S QUESTIONNAIRE FOR SURETY BONDING**

**Check one:**    \_\_\_ Corporation    \_\_\_ Partnership    \_\_\_ Proprietorship    \_\_\_ LLC

Date: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

Contractor: \_\_\_\_\_  
 (Legal name as registered with the state)

Street Address (not P.O.Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Date Business Formed: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_ Ownership change in the last five years or are there any plans for change in the corporate ownership or structure? (Please explain)  
 \_\_\_\_\_  
 \_\_\_\_\_

What type of construction does the business specialize? (list trades performed by the business) \_\_\_\_\_  
 \_\_\_\_\_

What percentage of a project does the business perform? \_\_\_\_(%). What trades are typically subbed out?  
 \_\_\_\_\_

Are you a union or non-union contractor? \_\_\_\_\_

**OWNERSHIP INFORMATION:**  
**PLEASE LIST SPOUSE AND SSI NUMBER WHETHER OWNER OR NOT:**

<u>Name</u>	<u>Age</u>	<u>Position</u>	<u>Ownership (%)</u>	<u>SSI#</u>
_____	_____	_____	_____	_____
(Spouse)	_____	_____	_____	_____
_____	_____	_____	_____	_____
(Spouse)	_____	_____	_____	_____

**KEY PERSONNEL:**

<b><u>Name:</u></b>	<b><u>Age:</u></b>	<b><u>Position:</u></b>	<b><u>Years Employed:</u></b>	<b><u>Comments:</u></b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Number of Employees: \_\_\_\_\_ Number of full time office staff: \_\_\_\_\_

Are there any affiliated companies? If so, please explain:

\_\_\_\_\_

**INSURANCE:**

Insurance Agency: \_\_\_\_\_

Insurance Agent (name): \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_\_

**WORK HISTORY:**

(We will call the owners below for reference information)

<b><u>Telephone number</u></b>	<b><u>Year Completed</u></b>	<b><u>Contact Person for Reference</u></b>	<b><u>Contract Amount</u></b>	<b><u>Job Description</u></b>
(____)_____	_____	_____	_____	_____
(____)_____	_____	_____	_____	_____
(____)_____	_____	_____	_____	_____

Who was the superintendent on the larger projects? \_\_\_\_\_ If they are not employed who replaced them? \_\_\_\_\_

Normal operating territory? \_\_\_\_\_

Largest backlog of work on hand? (\$)\_\_\_\_\_ Number of Projects: \_\_\_\_\_

What size projects (single projects) are you looking to Bond? \_\_\_\_\_

Backlog you feel your company needs? (\$)\_\_\_\_\_ #of jobs at one time: \_\_\_\_\_

**SUPPLIER INFORMATION:**

<b><u>Telephone:</u></b>	<b><u>Contact Person</u></b>	<b><u>Product</u></b>	<b><u>Company Name</u></b>
( ) _____	_____	_____	_____
( ) _____	_____	_____	_____
( ) _____	_____	_____	_____

- We will contact the above as part of a routine credit check

**SURETY INFORMATION:**

Present Bond Company? \_\_\_\_\_

Bond Agent? \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Ever caused a bond loss? Yes or No: \_\_\_\_\_ If so, please explain? \_\_\_\_\_

Bankruptcy personal or business in the last ten years, Yes or No? \_\_\_\_\_ If yes, please explain? \_\_\_\_\_

**FINANCIAL INFORMATION:**

Name of accounting firm? \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Contact Person? \_\_\_\_\_ Used how many years? \_\_\_\_\_

Are tax statements for the company current? \_\_\_\_\_ Personal tax returns current? \_\_\_\_\_

Any current Federal Tax liens? \_\_\_\_\_ If so, please provide details: \_\_\_\_\_

\_\_\_\_\_ Any current State Tax Liens? \_\_\_\_\_ If so, please provide details: \_\_\_\_\_

Any Tax payment plans in place? \_\_\_\_\_

Who prepares the financial statements in-house for the company and who is in charge of accounts receivable and account's payable? \_\_\_\_\_

**BANK INFORMATION:**

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Bank Line Limit: (\$) \_\_\_\_\_ Amount in Use: \_\_\_\_\_ Date: \_\_\_\_\_

**LEGAL REPRESENTATION:**

Attorney Firm Name: \_\_\_\_\_

Attorney: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Any current contract disputes? \_\_\_\_\_

Any material or labor liens? \_\_\_\_\_

Any lawsuits? \_\_\_\_\_

**SBA QUALIFICATIONS:**

*ONLY complete this portion if applying for the SBA Bond Guarantee Program*

***The Contractor:***

- is  is not an SBA 8(a) Certified Contractor  is  is not an SBA Certified HUB Zone Contractor
- has  has not had an SBA loan. If so, Loan # \_\_\_\_\_
- has  has not received SBA Surety Bond Guarantee Assistance under the current or another business name. If so, Business Name \_\_\_\_\_ Tax ID or SSN \_\_\_\_\_
- has  has not defaulted on any previous surety bonds (SBA or other)
- has  has not ever failed to complete a job
- is  is not requesting Business Development Assistance

Veteran status of owner(s): \_\_\_\_\_ NAICS Code (if known) \_\_\_\_\_

Race and ethnicity of owner(s) (i.e. American Indian, African American, Asian, Pacific Islander, White/Caucasian, Hispanic/Latino): \_\_\_\_\_



**CREDIT AUTHORIZATION**

***We warrant the information contained in this application for Surety Bonding to be true and correct for the assessment of Surety Credit, and authorize Construction Capital, Incorporated to share this information with appropriate Surety Personnel in order to assess Surety Credit. By signing this application, I warrant that I have the authority to release the information contained within this application to Construction Capital, Incorporated.***

**Company:** \_\_\_\_\_

**By:** \_\_\_\_\_  
(signature)

\_\_\_\_\_ **Date:** \_\_\_\_\_  
(name & title)



1710 N. Douglas Drive  
Golden Valley, Minnesota 55422  
763-543-6993  
763-546-1822 [FAX]

*Subject: Financial Institution Bank Letter of Customer Relationship*

**CCI Surety, Inc. has been contacted to assist with the placement of a Surety Bond Program for the firm presenting you with this letter. An important part of the underwriting process is to review our clients relationship with their financial institution, and their past credit performance.**

***A reference letter without exact dollar amounts is of no use. The terminology of a low, medium or high figure is not acceptable for Surety Bond Underwriting. Please provide us with the following:***

- Date deposit account(s) was opened.
- Checking account and savings account 12 month average balance.
- Current checking account and savings account balance.
- Working capital line information:
  - Line Limit
  - Current balance outstanding, including date of balance
  - Line expiration date
  - Security pledged for the line
  - Any line violations
- Current Loan obligations total of debt, purpose, and its security i.e. equipment etc.
  - Payment history, prompt etc.

***The reference letter should be prepared on bank letterhead, signed, and dated by a Banking Officer.***

***If there are any questions, please feel free to contact our office at either 612-237-9906 or 1-800-936-6227.***

***Sincerely,  
CCI Surety, Inc.***



**PART III: CONTRACT INFORMATION (Completed for each bid and final bond guarantee)**

<input type="checkbox"/> Bid Bond	Estimated Contract Amount		Bid Date and Time
<input type="checkbox"/> Final Bond	Contract Amount	Start Date	Completion Date
<b>Project Type</b> <input type="checkbox"/> Construction <input type="checkbox"/> Service <input type="checkbox"/> Supply <input type="checkbox"/> Other _____ <b>Project Description:</b>		Project Location	
NAICS Code for this project		# Employees before this project was awarded	
Name and Address of Obligee		# Existing Jobs that will be retained because of this project (Same job cannot be reported as new - below)	
<b>Obligee Type:</b> <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private <input type="checkbox"/> Special District		# New Jobs that will be created because of this project (Same job cannot be reported as retained – above)	
<b>Is the obligee the California Dept. of Transportation (CalTrans)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is the prime or subcontract funded by the California Dept. of Transportation (CalTrans)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Applicant Business is</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subcontractor on this project		Percentage of work subcontracted:	
<b>Liquidated Damages Dollar Amount:</b>	<input type="checkbox"/> Weekdays <input type="checkbox"/> Calendar Day	<b>Project: Similar to previous work</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pertains to an 8(a) contract</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you updated SBA Form 994F in the last 3 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If not, please update.</b>		<b>Have you started work on the project?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please complete SBA Form 991.</b>	

**PART IV: AGREEMENTS, CERTIFICATIONS AND COMMENTS (Completed for Initial Applications and Each Bid and Final Bond Guarantee.)**

Agreements: In consideration of assistance from the SBA, I agree to comply with the nondiscrimination requirements of Title 13, Code of Federal Regulations, Part 113 and Executive Order 11246. I agree to pay the applicable contractor fee for a final (payment or performance) bond.

Certification: I certify:

- (a) A bid, payment, or performance bond is required by the bid solicitation or the original contract for this project
- (b) Applicant business has attempted and failed to obtain the required bonds without SBA's guarantee.
- (c) Applicant is not delinquent on any Federal debt or Federally Guaranteed Debt.
- (d) All information in this application and that relates to this application which has been submitted to SBA, any agent, broker, or surety company, is complete and accurate to the best of my knowledge.
- (e) If Parts I, II and V of this application, and/or "Statement of Personal History" (SBA Form 912) have previously been submitted in connection with an earlier application, I have reviewed that information and certify that it either remains complete and accurate or that I have submitted a revised application Parts I, II or V or revised SBA Form 912 with complete and accurate information to the best of my knowledge.
- (f) Any agent, broker, Surety Company, financial institution, or other party in possession of credit, financial or work experience information concerning the undersigned applicant and the applicant's business is authorized to release the same to SBA, in order that SBA may evaluate the same for the purpose of bond guarantee assistance.
- (g) The individual signing below is authorized to execute this application on behalf of the applicant.

**Comments**

**I understand that knowingly making a false statement or submitting false information is a violation of Federal law and could result in criminal prosecution or civil penalties under 18 U.S.C. §§ 287, 371, 1001, 15 U.S.C. § 645, or 31 U.S.C. § 3729**

**Principal's Signature (Applicant)**

Title	Date	SBG Number
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**Part V: CERTIFICATION WITH RESPECT TO “STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER” AND DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION (This Part to be completed by Small Business for Initial Application and updated and submitted to SBA when there are any Ownership Changes)**

**Certification on Behalf of the Small Business:**

By my signature, I certify, on behalf of the small business, that I have received and read a copy of the “STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER” (Statement), which was attached to this Application, and I agree to comply with the requirements in the Statement. I also certify that I am authorized to execute this certification on behalf of the small business. I understand that knowingly making a false statement or submitting false information is a violation of Federal law and could result in criminal prosecution or civil penalties under 18 U.S.C. § 287, 371, 1001, 15 U.S.C. § 645, or 31 U.S.C. § 3729.

Business Name: \_\_\_\_\_

By: \_\_\_\_\_  
Principal’s Signature/Title Date

**Individual Certifications:**

**Each Proprietor, each General Partner, each Guarantor, and each Limited Partner, Stockholder, or other equity holder owning 20% or more of the small business must sign. The person signing on behalf of the business must also sign individually. In addition, if spouses collectively own 20% or more of the small business, each spouse must also sign.**

**By my signature, I certify that I have received and read a copy of the “STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER” (Statements), which was attached to this Application, and I agree to comply with the requirements in the Statement. I also certify that I have reviewed the information in Part A of this form and certify that as to me personally all information in this Application is accurate and complete to the best of my knowledge. I understand that knowingly making a false statement or submitting false information is a violation of Federal law and could result in criminal prosecution or civil penalties under 18 U.S.C. § 287, 371, 1001, 15 U.S.C. § 645, or 31 U.S.C. § 3729.**

\_\_\_\_\_  
Signature and Title Date

\_\_\_\_\_  
Signature and Title Date

\_\_\_\_\_  
Signature and Title Date

\_\_\_\_\_  
Signature and Title Date

\_\_\_\_\_  
Signature and Title Date

\_\_\_\_\_  
Signature and Title Date



OMB Control No: 3245-0007

Expiration Date: 02/16/2016

**Instructions:** The small business must complete this form and submit it, either electronically or on paper, to the surety agent of choice. A list of participating surety agencies and the paper version is available on the Office of Surety Guarantees website at [www.sba.gov/osg](http://www.sba.gov/osg). If the application is submitted electronically, the pre-populated form can be printed from the E-App system.

**SMALL BUSINESS ADMINISTRATION**

**SCHEDULE OF WORK IN PROCESS (ALL WORK-BONDED & UNBONDED-IF COST PLUS PLEASE INDICATE)**

BUSINESS NAME AND BUSINESS TRADE NAME				TAX ID OR SS NUMBER			DATE AS OF
JOB DESCRIPTION	STARTING DATE	COMPLETION DATE	BONDED YES / NO	CONTRACT PRICE (Including Approved Change Orders)	Total Billed to Date Including Retainages (Explain Any Dispute Items)	Total Cost To Date	Total Estimated Cost To Complete
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
<b>TOTALS</b>							

<b>Signature</b>	<b>Title</b>
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**PLEASE NOTE:** The estimated burden for completing this form is 20 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: Chief, Administrative Information Branch, Room 5000, U.S. Small Business Administration, 409 3<sup>rd</sup> St., SW. Washington, DC 20416; and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202 Washington, DC 20503.



Job Reference Check for:

Account Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Obligee: \_\_\_\_\_ Project: \_\_\_\_\_

Description: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Contract Price \$ \_\_\_\_\_ Bonded:  Yes  No

Quality of Work:  Excellent  Good  Fair  Poor

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

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



Supplier Reference Check for:

**Account Name:** \_\_\_\_\_

Name of Supplier: \_\_\_\_\_

Contact Name: \_\_\_\_\_

High Credit: \_\_\_\_\_

Credit Terms: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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



1710 N. Douglas Dr., Suite 110 Golden Valley, MN 55422 (763) 543-6993 Fax (763) 546-1822

### BOND REQUEST FORM

Date Ordered: \_\_\_\_\_ Requested By: \_\_\_\_\_

Principal / Contractor: \_\_\_\_\_

Obligee / Owner: \_\_\_\_\_

(to whom bond is payable to)

Obligee Address: \_\_\_\_\_

Obligee Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Bid Date and Time: \_\_\_\_\_ Amount of Bid: \$ \_\_\_\_\_

Bid Bond % or \$: \_\_\_\_\_ Performance %: \_\_\_\_\_ Payment %: \_\_\_\_\_ Other: \_\_\_\_\_

Contract Date: \_\_\_\_\_ Contract Amount: \_\_\_\_\_ Bond Amount: \_\_\_\_\_

Description & Project / Contract No.: \_\_\_\_\_

\_\_\_\_\_ Location of Work: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Liquidated Damages / Penalties: \_\_\_\_\_ Warranty Length / Period: \_\_\_\_\_

Labor % \_\_\_\_\_ Material % \_\_\_\_\_ Gross Profit % \_\_\_\_\_ Subbed % \_\_\_\_\_

Subcontracted Trades	Approx. Dollar Amount	Bonded?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bid Results (dollar amount): #1\$ \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Cost to Complete Work in Progress: \$ \_\_\_\_\_ Available Bank Credit: \$ \_\_\_\_\_

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Bond Form (check one): Standard Form ( ) Federal ( ) State ( ) AIA ( ) # \_\_\_\_\_