



jcrawford@ccisurety.com ★ www.ccisurety.com ★ 866.317.3294 ph ★ 763.512.0430 fax

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: 2nd and 3rd pages only (attached) – full document available at www.sba.gov. Officer must sign at the top on behalf of the company; then ALL owners must sign at the bottom as individuals. If spouses collectively own 20% or more of the small business, each spouse must also sign.
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 (Only the first 2 pages of the return need to be sent, an officer should sign and date first page)
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 bonds forms, for performance & payment
4. Performance & payment bonds require SBA Fee Payment – Fee is 0.729% of the total contract value – For Payment and Performance Bonds the attached SBA Authorization Fee Form is required

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

CCI Surety, Inc.
1710 N. Douglas Dr., Ste 110
Golden Valley, MN 55422



1710 N. Douglas Drive, Golden Valley, Minnesota 55422
 Ph: 763-543-6993 Fax: 763-512-0430

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:

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

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)

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

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:

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

- 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 985/765/8; ; 5 or 1-888/539/54; 6.

***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
Project Type <input type="checkbox"/> Construction <input type="checkbox"/> Service <input type="checkbox"/> Supply <input type="checkbox"/> Other _____ Project Description:		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)	
Obligee Type: <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)	
Is the obligee the California Dept. of Transportation (CalTrans) <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the prime or subcontract funded by the California Dept. of Transportation (CalTrans) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Business is <input type="checkbox"/> Prime <input type="checkbox"/> Subcontractor on this project		Percentage of work subcontracted:	
Liquidated Damages Dollar Amount:	<input type="checkbox"/> Weekdays <input type="checkbox"/> Calendar Day	Project: Similar to previous work <input type="checkbox"/> Yes <input type="checkbox"/> No Pertains to an 8(a) contract <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you updated SBA Form 994F in the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please update.		Have you started work on the project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete SBA Form 991.	

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. 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							
TOTALS							

Signature _____ **Title** _____

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 3rd 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.

SBA Form 994F (1/13) Previous Editions are Obsolete



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: _____

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: \$ _____

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

Florida Office
1100 N. K Ygh cfY6`j X
Suite 185
Tampa, FL 33654
Phone 813-443-2174
Fax 813-443-2176
Toll Free 1-877-320-6947



Home Office
1710 N. Douglas Dr.
Suite 110
Golden Valley, MN 55422
Phone 763-543-6993
Fax 763-512-0430
Toll Free 1-866-317-3294

Electronic SBA Fee Authorization Form

Contractor's Name: _____ Phone: _____

Address: _____

Obligee's Name: _____

Contract Amount: _____

I/We hereby authorize CCI Surety, Inc. to enter my credit card/checking account information into www.pay.gov for my SBA Fee in the amount of \$_____.

***Please check only one option for payment below (Credit Card or Checking/Savings):**

Credit Card Payment

Credit Card Type (Check One):

VISA Mastercard Discover Amex

Credit Card #: _____ Exp. Date: _____ CVV: _____
(3 digit number on back of card)

Cardholder Name (as it appears on the card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Checking/Savings Payment

Please fill out the bottom portion OR attach a voided check

Account Type (Check One): Checking Savings

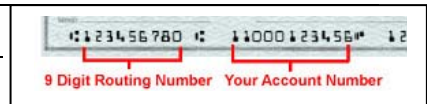
Name on Account: _____

Bank Name: _____

Account #: _____

Bank Routing #: _____

Bank City/State: _____



I agree to pay the total amount listed above. I certify that the above statements and information made in the agreement are true and correct to the best of my knowledge. I also certify that I am authorized to effect charges to the above credit card and/or account number. I agree to notify CCI Surety, Inc. in writing of any changes in my credit card and/or account information immediately.

This authority is to remain in full force and effect until the payment has been made in full according to the amount listed above by CCI Surety, Inc.

Print Name: _____

Signature: _____ Date: _____