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| http://www.brucebeaton.com/images/bruce-beaton-insurance-logo.gif | **703 Lakeside Drive****Southampton, PA 18966****Telephone (215)942-2800****Fax (215)942-2882****brucejr@brucebeaton.com**[www.brucebeaton.com](http://www.brucebeaton.com) |

|  |
| --- |
| **CONTRACTOR INFORMATION:** |
| Name of Firm: |       |  |
| Address: |       |  |
|  |
| Phone: |       | Fax: |       |
|  |  |  |  |  |
| Type of Business | [ ]  LLC [ ] LLP [ ] C-Corp [ ] S-Corp [ ] Sole Proprietorship [ ] Partnership  |
|  |
| Federal ID #: |       | State of Incorporation: |       |
| Year Started: |       | Fiscal Year-End: |       |
|  |  |  |  |  |
| Trade Specialty: |       |
| Area of Operations: |        |  |  |
|  |  |  |  |  |
| Is your firm Union? | [ ] Yes [ ] No [ ] Both |  |  |  |
| # of Employees | Admin:      Project Managers:      Field(min-max):      Total       |

|  |
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| **OFFICER INFORMATION:** |
| **Name** | **Position** | **DOB** | **SS #** | **% Owned** | **Spouse** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

* Will the above individuals and spouses personally indemnify the Surety? [ ] Yes [ ] No
* Is there a buy/sell agreement amount the owners of the business? [ ] Yes [ ] No
* How is the agreement funded?

|  |
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| **IMPORTANT PERSONNEL:** |
| **Name** | **Position** | **Birth Year** | **Previous****Employer** | **Years Experience****w/Kane Total** |
|       |       |      |       |       |       |
|       |       |      |       |       |       |
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| **BUSINESS INFORMATION:** |
| Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a surety? If yes, please provide an explanation.  |  [ ] Yes [ ] No |
|  |  |
| Is your firm or any of its owners or officers currently involved in any litigation? | [ ] Yes [ ] No |
|  |
| What Percentage of your firms work is normally for:  |
| Government Agencies:    % Other Contractors:    % Private Owners:    % (should total 100%) |
|  |
| What percentage of your work is as a General/Prime Contractor      % Subcontractor      % |
| What trades do you undertake with your owner employees? |       |
| What percentage of your firms work is subcontracted to others? |       |
| What trades do you normally subcontract to other? |       |
| Are bonds required from subcontractors? | [ ] Yes [ ] No |
|   |
| During the next year, what is the largest job your firms expect to complete? | $      |
| What is your expected annual revenue for: current fiscal year $      next fiscal year $       |
|  |
| In the past what was your largest amount of uncompleted work on hand? |  Amount $      Year     |
| During the current fiscal year, what is the largest uncompleted work on hand you expect for your firm? | $       |
| What was the contract amount of the largest project completed? | Amount $      Year     |
| What is your preferred: job size range $      to $      and number of jobs at a single time:      |
|  |
| Do you lease equipment? [ ] Yes [ ] No Type of lease?       |
| What are the terms of the lease?      |

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| **FINANCIAL INFORMATION:** |
| **Name of your CPA firm:** |       |  |
| Address: |            |  |
| Contact Person: |       |  |
| Telephone Number       Fax Number       E-mail      |
|  |  |  |
| 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 CPA financial statements prepared? | [ ] CPA Audit [ ] Review [ ] Compilation |
| How often are financial statements prepared? | [ ] Annually [ ] Semi-Annually [ ] Quarterly |
| How often are internal financial statements prepared? | [ ] Annually [ ] Semi-Annually [ ] Quarterly |
|  |  |  |
| Do you have a full time accountant on staff? [ ] Yes [ ] No Years Experience      |
| Are Job Cost records kept? [ ] Yes [ ] No Do they show job detail? [ ] Yes [ ] No  |
| How often are they reviewed?       How often are they updated?       |
| Accounting software |       |
| Estimating software |       |
| Job cost software |       |
|  |
| **Name of your Bank** |       |
| Address |            |
| Contact person |       |
| Telephone Number       Fax Number       E-mail      |
| Line of Credit Information | Amount $       Expiration Date       Interest Rate       % UCC Filing? [ ] Yes [ ] No How is it secured?      |
| Special terms or sublimits |       |
| Bank includes | [ ]  Deposit accounts [ ]  Revolving line of credit [ ]  Term Loans |
| Other banks and purpose |       |
|  |  |  |
|  |  |  |

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| **CURRENT AND PREVIOUS BONDING COMPANIES:** |
| **Name** | **Dates** | **Reason for leaving** |
|       |       |       |
|       |       |       |
|       |       |       |

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| **REFERENCE INFORMATION:** |
|  |
| **Largest Completed Projects** |
| **Job Name** | **Owner/Location** | **Contract Price** | **Gross Profit** | **Date Completed** | **Bonded****Yes/No** |
|       |       |       |       |       |[ ] [ ]
|       |       |       |       |       |[ ] [ ]
|       |       |       |       |       |[ ] [ ]
|       |       |       |       |       |[ ] [ ]
|       |       |       |       |       |[ ] [ ]
|       |       |       |       |       |[ ] [ ]
|       |       |       |       |       |[ ] [ ]
|       |       |       |       |       |[ ] [ ]
|       |       |       |       |       |[ ] [ ]
|       |       |       |       |       |[ ] [ ]
|  |
| **Major Suppliers** |
| Name | Address | Contact | Phone | Fax |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
|  |
| **Key Subcontractors or General Contractors** |
| Name | Address | Contact | Phone | Fax |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
|  |
| **Other Owners/Architects/Engineers/Specialty References** |
|       |       |       |       |       |
|       |       |       |       |       |
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| **LIFE INSURANCE INFORMATION:** |
| **Insured** | **Beneficiary** | **Amount** | **Cash Value** | **Carrier** |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
| **BUSINESS INSURANCE INFORMATION:** |
| Internal Risk Manager  |  Yes [ ]  No [ ]  | Name       |
| Insurance Broker/Agency |       |
|  |
| **Coverage** | **Limit of Liability** | **Carrier** | **Expiration Date** |
| General Liability |       |       |       |
| Automobile Liability |       |       |       |
| Workers Compensation |       |       |       |
| Umbrella |       |       |       |
| Other       |       |       |       |

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| **SUBSIDIARIES AND AFFILIATES:** |
| **Name of Firm** | **Ownership** | **Type of Business** | **FEIN #** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| **ATTACHMENTS:** |
| [ ]  | Last three (3) CPA prepared fiscal year-end financial statements |
| [ ]  | Current interim financial statement |
| [ ]  | Current personal financial statement on each owner |
| [ ]  | Bank line of credit agreement |
| [ ]  | Most recent bank line of credit renewal letter |
| [ ]  | Schedules of work in progress to correspond to financial statements and (quarterly thereafter)  |
| [ ]  | Federal tax return |
| [ ]  | Personal tax return |
| [ ]  | Aged schedules of accounts receivable and payable |
| [ ]  | Resumes on owners and key employees |
| [ ]  | Certificate of insurance |
| [ ]  | Other       |
|  |  |
|  |  |
|  |  |
|  | The above answers are true to the best of my knowledge and belief and I authorize W. Bruce Beaton Co., Inc. and the Surety Company(s) to make inquiry as necessary from business and personal credit reporting agencies, banks and firms to confirm and verify information contained within this application.  |
|  |  |
|  | Prepared by: |  |
|  | Title: |  |
|  | Date: |  |