

Allstar Emerging Contractor's Application (For Bonds up to \$500,000)



Contractor _____
Address _____ Date Business Started _____

TaxID _____ Fiscal Year End _____

Average Annual Receipts Last 3 Years (Incl. Affiliates) \$ _____ # of Employees (Incl. Affiliates): _____

Has the company ever failed to complete a contract?	Yes	No
Has the company, any stockholder, owner, partner, or any affiliate ever filed for bankruptcy or been placed in receivership?	Yes	No
Are you involved in any litigation?	Yes	No
Has the company, any officer, owner, or partner been in claim with a surety?	Yes	No
Has the company ever received SBA Surety Bond Guarantee assistance?	Yes	No
Are you presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transactions with any Federal department or agency?	Yes	No
Have you ever been convicted of a felony?	Yes	No
Are you barred from conduction business with any governmental agency?	Yes	No

Explain all "Yes" answers:

Company Owner:	SSN	% Ownership	*Gender:	*Race:
	City/State of birth		Veteran Y/N	
Spouse:	SSN#:			
	Address:			
Company Owner:	SSN#:	% Ownership	*Gender:	*Race:
	City/State of birth		Veteran Y/N	
Spouse:	SSN#:			
	Address:			

*Data on Gender and Race are collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.

Other Business Interests:	Nature of Operation:	Subsidiary Relationship:

Banking Facilities

Name & Address _____
Contact Person _____ Phone _____ Fax _____
Line of Credit Established -- Unsecured \$ _____ Are Personal Endorsements Required? _____
Secured --- What Basis? _____ Amount Outstanding _____

Accounting

Statements prepared by: _____ CPA or Independent Accountant
Name of accountant _____ Phone _____ Fax _____
Statements prepared on what basis? _____

Contract Information

Project Description:	Project Location:
Name and Address of Obligee:	Anticipated Project Start and Completion Dates:
Liquidation Damages:	Warranty Period:
# Of Employees before this project was awarded:	# New Jobs Due To Project:

Work Experience (3 largest Prior Jobs)

1-Owner _____ Phone _____ Fax _____ Location _____ Architect _____
Party that awarded the contract _____ Contract Price _____ Kind of work _____ Year competed _____
2-Owner _____ Phone _____ Fax _____ Location _____ Architect _____
Party that awarded the contract _____ Contract Price _____ Kind of work _____ Year competed _____
3-Owner _____ Phone _____ Fax _____ Location _____ Architect _____
Party that awarded the contract _____ Contract Price _____ Kind of work _____ Year competed _____

The Undersigned hereby authorized the Surety to make such pertinent inquiry as may be necessary from financial institutions, credit reporting agencies and all other person, firms and corporations in order to confirm or verify information referred to or listed herein.

Signed: _____ Date: _____

Personal Financial Statement
Confidential

Full Name: _____ Spouses Name: _____

Statement Date As of (mm/dd/yy): _____

<u>Assets</u>	<u>Amount</u>	<u>Liabilities—Current</u>	<u>Amount</u>
Cash on Hand and in Banks		Notes Payable to Banks—Secured	
U.S. Government Securities		Notes Payable to Banks—Unsecured	
Listed Securities		Notes Payable to Relatives	
Unlisted Securities		Notes Payable to Others	
Retirement Funds (eg. IRA's, 401K)		Accounts Payable	
Accounts Receivable—Relatives		Unpaid Income Tax	
Notes Receivable—Relatives		Other Unpaid Taxes	
Real Estate Owned—Residence		Real Estate Mortgages Payable—Residence	
Real Estate Owned—Other		Real Estate Mortgages Payable—Other	
Real Estate Mortgages Receivables		Other Debts—List	
Automobiles and Other Personal Property			
Cash Value Life Insurance			
Other Assets—List			
		<u>Liabilities Long Term</u>	<u>Amount</u>
		Real Estate Mortgages Payable—Residence	
		Real Estate Mortgages Payable—Other	
		Other Long Term Debt—List	
Total Assets		Total Liabilities	
**If more than one Owner, attach additional Personal Financial Statement.		(Total Assets - Total Liabilities = Net Worth)	
		Total Liabilities + Net Worth	

The undersigned submits the following as being a true and accurate statement of his or her financial condition on the date shown above and acknowledges that Surety will be relying on the representations made herein.

Agency Information

Agency Name: _____ Agency Phone: _____

Agents Name: _____

- Is the contractor an existing insurance client? Yes ☐ No ☐
- Are all insurance premiums current? Yes ☐ No ☐
- Length of relationship between Agent/Contractor: _____

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Signed: _____ Date: _____