

# Nielson and Company, Inc.

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Bond Department

## CONTRACTORS BACKGROUND INFORMATION

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone No: \_\_\_\_\_ Office FAX No: \_\_\_\_\_ Sub S Corporation: \_\_\_\_\_

Corporation  Partnership  Proprietor -- Federal Tax ID # \_\_\_\_\_

Firm in Business Since: \_\_\_\_\_ Related Firms?  YES  NO –If yes explain in detail in comments section.

Is your company licensed? \_\_\_\_\_ Who is the qualifying agent? \_\_\_\_\_ (Please provide a copy of the license) Are all owners of the company U.S. Citizens? \_\_\_\_\_

KEY PERSONNEL – Owners, Superintendents, Estimators, Accountants (Attach Resumes)

NAME AND TITLE	% You Own	Spouse	Social Security Number	DOB	Life Insurance to Company

Type of work you perform with your own forces: \_\_\_\_\_

Type of work you subcontract to others: \_\_\_\_\_

What is your policy on subcontractors bonding back to you: \_\_\_\_\_

Geographic Area: \_\_\_\_\_ % of Bid Work: \_\_\_\_\_ % of Negotiated Work: \_\_\_\_\_

% Public Work: \_\_\_\_\_ % Private Work: \_\_\_\_\_

**EXPERIENCE:**

List your 5 largest project completed in the last 3 years	Year Completed	Final Contract Price/ Gross Profit	Who did you work for: Name of Company, Contact & Phone No:

**Prior Surety Company:** \_\_\_\_\_ **Program Size:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Bank:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Do you have a line of credit:** YES NO -- **Amount:** \_\_\_\_\_ (Please attach a copy)

**CPA:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Fiscal Year End:** \_\_\_\_\_ **Date of Last IRS Audit:** \_\_\_\_\_ **Frequency of Project Cost Evaluation:** \_\_\_\_\_

**Frequency of Interim Financial Statements:** \_\_\_\_\_ **CPA or Internally Prepared:** \_\_\_\_\_

**Accounting Method for Taxes:** Completed Job % of Completion Cash Basis Other

**Accounting Method for Your Financial Statements:** Completed Job % of Completion Cash Basis Other

**Do you have a Written Buy-Sell/Completion Agreement:** YES NO (Please provide a copy)

**REFERENCES:**

Owners, General Contractors, Architects

Name of Company	Phone Number	Contact Person
	( )	
	( )	
	( )	
	( )	
	( )	

**REFERENCES:**

Subcontractors:

Name of Company	Phone Number	Contact Person
	( )	
	( )	
	( )	
	( )	
	( )	

Has your Company or any owner failed to complete a contract or required financial assistance from a Bonding Company?  
(If "YES" please explain)      YES      No

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Judgements, Suits or Claims Pending: \_\_\_\_\_

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**SUPPLIER REFERENCES:**

Company Name	Phone Number:
	(    )
	(    )
	(    )
	(    )
	(    )

**LIST OF ALL SUBSIDIARIES AND AFFILIATES:**

Name of the Firm:	Ownership:	Type of Business:

COMMENTS: \_\_\_\_\_

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**FLORIDA FRAUD STATEMENT:**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Completed By: \_\_\_\_\_

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

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