



LESRON
"THE SURETY BOND SPECIALISTS"

Lesron Insurance Agency, Inc.

1440 North Harbor Blvd, Suite 610

Fullerton, CA 92835

PH: (888) 429-5153 FAX: (714) 441-2725

Web address www.lesronsuretybonds.com

FULL CONTRACT SURETY SUBMISSION

Thank you for trusting Lesron Insurance Agency to develop the best possible surety program for your company with the lowest rates possible. A complete information package provided by you will be the most effective way to maximize your companies bonding capacity.

- **Contractors Questionnaire** – Provide one for each owner and each key personnel – Form follows
- **Resumes** – One for each owner and one for each key personnel – Form follows
- **Reference** – Letters of reference from suppliers and any previous jobs – Form follows
- **Business Financial Statement** – Provide a copy of the company's fiscal year-end financial statements for the last three (3) years. An Independent accounting firm must prepare these statements. If the most recent year-end is older than six (6) months, then please include an interim statement.
- **Personal Financial Statement** – Form follows
- **Bank Information** – Cash on Hand, plus any Banking Lines of Credit via the most recent statement(s).
- **Work in Progress** –ALL current jobs - Form follows
- **Current Certificate of Insurance** – A copy from an existing project
- **Company Brochure** – any marketing material on your company

IF YOU ARE AN "S" CORPORATION

- Latest year end corporate and personal tax returns on all owners.
- Credit Authorization – Form follows

Please call if you have any questions or concerns, we will be happy to assist you.



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CONTRACTOR'S QUESTIONNAIRE

Company Name _____

(The company name is the entity for which the bonding is requested and is referred to in the surety business as the "Principal". The name of the company must be its exact legal name as it appears on the contractor's license).

Business Address _____
Street City State Zip Code

Business Phone Number _____ Email Address _____

The Firm is a Corporation Partnership Sole Proprietorship Date Started _____ Tax ID Number _____

Please fill in the licenses below

LICENSE NUMBER	STATE	TYPE

LIST ALL OWNERS, OFFICERS, AND/OR PARTNERS OF THE COMPANY

Name _____

Home Address _____

Phone Number _____

Date of Birth _____ SS# _____

Percentage of Ownership % _____ Position _____

Do you have a trust? Yes No

If "Yes" please provide a copy

Name _____

Home Address _____

Phone Number _____

Date of Birth _____ SS# _____

Percentage of Ownership % _____ Position _____

Do you have a trust? Yes No

If "Yes" please provide a copy

Name _____

Home Address _____

Phone Number _____

Date of Birth _____ SS# _____

Percentage of Ownership % _____ Position _____

Do you have a Trust? Yes No

If "Yes" please provide a copy

Name _____

Home Address _____

Phone Number _____

Date of Birth _____ SS# _____

Percentage of Ownership % _____ Position _____

Do you have a Trust? Yes No

If "Yes" please provide a copy

Do you have a continuity plan? Yes No

OPERATIONS

Brief description of the work you engage in _____

Geographic Territory _____

Do you engage in any asbestos abatement and/or hazardous waste removal? Yes No

What percentage of your work is performed as a: GENERAL CONTRACTOR % _____ SUBCONTRACTOR % _____

What trades do you self-perform? _____

What trades do you sub out? _____

Is your firm UNION? Yes No How many employees? _____ How many crews? _____

Largest work on hand at any one time in the last two years was \$ _____ YEAR _____ Consisted of _____
Number of Contractors

ACCOUNTING INFORMATION

Do you have a CPA? Yes No Date of company's year-end _____

If Yes, what is the name of the CPA Firm _____

Point of Contact _____ Phone Number _____ Email address _____

Does the accounting firm also prepare the business tax returns? Yes No

Date of the last IRS audit _____

BANK INFORMATION

Name of Bank _____ Branch _____

Point of Contact _____ Phone Number _____ Years with Branch _____

Do you have a line of credit? Yes No If yes, current amount on hand? _____

How secured? _____ In use? _____

BONDING & INSURANCE INFORMATION

Who is your most recent bonding company? _____

➤ If applicable, explain why you are changing your surety? _____

➤ Has any collateral been deposited with any prior surety? Yes No If yes, amount \$ _____

➤ Has collateral been released? NA Yes No

➤ The company's largest single bonded contract was for \$ _____

➤ Bonding capacity desired: Single job size \$ _____ Aggregate (total work on hand) \$ _____

➤ Who is your agent for Insurance? _____

Address _____ Phone Number _____

City

State

Zip Code

DISPUTES, FINANCIAL DIFFICULTIES, PROBLEMS, ETC

Please check YES or NO to the following questions, and explain all "YES" responses on a separate page

- Have there been any changes in control of the company for the past three years? Yes No
- Has the company ever failed to complete a contract? Yes No
- Has the company, any stockholder, owner, partner, subsidiary, parent holding company
Or affiliate ever filed for bankruptcy or been in receivership? Yes No
- Are there any liens filed against the company's or related entity's projects? Yes No
- Are you involved in any litigation? Yes No
- Have you ever been in claims with a Surety Company? Yes No

REFERENCES

List four largest jobs completed in the last three years

1. OWNER/GENERAL CONTRACTOR _____

Point of Contact _____ Phone Number _____ Email Address _____

Contract Price \$ _____ Gross Profit \$ _____ Year Completed _____

Description of Job and location _____

Was the project bonded? Yes No If yes, with what Surety Company? _____

2. OWNER/GENERAL CONTRACTOR _____

Point of Contact _____ Phone Number _____ Email Address _____

Contract Price \$ _____ Gross Profit \$ _____ Year Completed _____

Description of Job and location _____

Was the project bonded? Yes No If yes, with what Surety Company? _____

3. OWNER/GENERAL CONTRACTOR _____

Point of Contact _____ Phone Number _____ Email Address _____

Contract Price \$ _____ Gross Profit \$ _____ Year Completed _____

Description of Job and location _____

Was the project bonded? Yes No If yes, with what Surety Company? _____

4. OWNER/GENERAL CONTRACTOR _____

Point of Contact _____ Phone Number _____ Email Address _____

Contract Price \$ _____ Gross Profit \$ _____ Year Completed _____

Description of Job and location _____

Was the project bonded? Yes No If yes, with what Surety Company? _____

SUPPLIERS

LIST FOUR MAJOR SUPPLIERS

A. **Firm Name** _____
Address _____
Point of Contact _____ Phone Number _____ Email address _____

B. **Firm Name** _____
Address _____
Point of Contact _____ Phone Number _____ Email address _____

C. **Firm Name** _____
Address _____
Point of Contact _____ Phone Number _____ Email address _____

D. **Firm Name** _____
Address _____
Point of Contact _____ Phone Number _____ Email address _____

AUTHORIZATION

The undersigned states that the foregoing statements are true and accurate as of the date signed. The undersigned authorizes Lesron Insurance Agency, Inc. and its surety companies to confirm any information contained in the questionnaire and to contact the individuals and companies provided as references to verify the undersigned's financial standing and credit worthiness for the purpose of obtaining a bond.

Signature _____

Printed Name _____

Title _____

Date _____

Resume of Experience for _____
Name of Owner or Key Personnel

Position _____ of the Firm _____
Name of Company

PERSONAL INFORMATION

Date of Birth _____ Social Security Number _____

Place of Birth _____ Phone Number _____

Address (Include Country) _____

If married, name of spouse _____ Social Security Number _____

EDUCATION

High School _____ College or Trade School _____

EXPERIENCE WITH COMPANY

Number of years with the company _____ Starting Position with the Company _____

Present position and responsibilities with the company _____

Scope of Position _____

Percentage of ownership (if applicable) % _____

EXPERIENCE IN THE FIELD (If you have a resume please attach)

Name, Address & Date of Employment

Responsibilities

_____	_____
_____	_____
_____	_____

COMMENTS (including objectives and goals within the company)

Signature _____

PERSONAL FINANCIAL STATEMENT

Financial statement of _____
Name

Street Address City State Zip Code

Applicant's Social Security Number _____ Spouse's Social Security Number _____

FINANCIAL CONDITION AS OF _____, 20_____.

ASSETS	AMOUNT(S)	LIABILITIES	AMOUNT(S)
CASH ON HAND Cash in following Banks _____		NOTES PAYABLE TO BANKS	
		Auto (Combined)	
		Credit Cards (Combined).....	
STOCKS AND BONDS Schedule 1		REAL ESTATE LOANS Schedule 4	
ACCOUNT AND NOTES RECEIVABLE Schedule 2		OTHER LIABILITIES	
		Other (itemize)	
Schedule 3		_____	
REAL ESTATE Schedule 4		_____	

OTHER PERSONAL PROPERTY Automobile Schedule 5.....		_____	
Other.....			
LIFE INSURANCE Schedule 6.....			
		TOTAL LIABILITIES	
TOTAL ASSETS			
		• NET WORTH	

• **TOTAL ASSETS – TOTAL LIABILITIES = NET WORTH**

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value
TOTAL				

2. ACCOUNTS RECEIVABLE

Name and address from Whom Due	For What is Due	When Sold	When Due	Amount
TOTAL				

3. NOTES RECEIVABLE

Name and address from Whom Due	For What is Due	When Sold	When Due	Amount
TOTAL				

4. REAL ESTATE

Description of Property	Title in Name Of	Market Value	Cost	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL						

5. OTHER PERSONAL PROPERTY

Description of Property	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
TOTAL					

6. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed
TOTAL						



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CREDIT AUTHORIZATION FORM

Authorization is hereby given to Lesron Insurance Agency Inc. to run any required credit reports for securing bonds. Such information will only be shared with prospective surety companies underwriting on behalf of the undersigned for bonds only.

Signed this _____ day of _____, _____.

Company Name (if applicable)

Signature: _____

Signature: _____

Typed or Printed Name

Type or Printed Name

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

CA Drivers License: _____

CA Drivers License: _____

Home Address: _____

Home Address: _____

Signature: _____

Signature: _____

Typed or Printed Name

Type or Printed Name

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

CA Drivers License: _____

CA Drivers License: _____

Home Address: _____

Home Address: _____
