

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Hartford, Connecticut 06183

Travelers Construction Services Express

Bond Application

Performance and Payment Bonds Under \$500,000

To Be Submitted By Agent

ORGANIZATION

1. Contractor/Applicant's Name (as listed on Contractor's License) (Contractor's License #) (State)

Address (Street) (City) (State) (Zip) (Telephone #)

2. Type of Business: [ ] Corporation [ ] Partnership [ ] Proprietorship Prior Surety if Any Year Company Started: How long has this business operated under current management?

3. Owners, Officers, Applicants (please include name and social security number of spouse):

Table with 6 columns: Name & Address (No P.O. Boxes), SS#, DOB, % of Ownership, Position, Years Experience

4. Has any individual or company listed above ever filed for bankruptcy or held a senior management position with a firm that has caused a surety or a bank a loss? [ ] Yes [ ] No (If yes, please explain using a separate sheet of paper.)

5. Are there any open claims with any other surety? [ ] Yes [ ] No (If yes, please explain using a separate sheet of paper.)

OPERATIONS

6. Type of Construction Engaged In:

7. Geographic Area of Operations (City, State):

8. Largest Job Completed (Description): Contract Price Gross Profit Year Completed

BOND REQUEST [ ] Bid [ ] Final Bond

9. Obligee (Who is requiring the Bond?) (Address) (City) (State) (Zip)

Job Description:

Total current work on hand/cost to complete (do not include this job request)

Bid Bond

Bid Date Estimated Bid Amt. Bid Bond Amt. Start Date Completion Date Job Location

OR

Final Bond

Performance Bond Amt. Payment Bond Amt. Contract Price Date Contract Was Signed Start Date Job Location Completion Date

AGENT INFORMATION

10. Agency Name Agent's Name

Is Contractor an Existing Insurance Account? [ ] Yes [ ] No Length of Relationship Are All Insurance Premiums Current? [ ] Yes [ ] No

Agency Code Agency Phone Agency Fax

The Applicant hereby represents that the above statements and responses are accurate. As part of our underwriting process, Travelers retains the right to investigate personal credit history. To the extent required by law, we will, upon request, provide notice whether or not a consumer report has been requested by Travelers, and if so, of the name and address of the consumer reporting agency furnishing the report.

DATE: PREPARED BY:

(Position)

SIGNATURE

# Business Financial Statement

Company Name	Phone: _____ Fax: _____
Address	<input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship
Address	Type of Work _____

FINANCIAL CONDITION AS OF: \_\_\_\_\_

Notes A, B, C, D, & E on next page.

ASSETS		
A	Cash	\$
C	Notes Receivable	\$
C	Accounts Receivable	\$
	Inventory	\$
B	Marketable Securities	\$
	Prepaid Expenses	\$
E	Other Current Assets	\$
		\$
<b>Total Current Assets</b>		\$
	Equipment	\$
	Vehicles	\$
	Office Equipment	\$
	Real Estate	\$
	Leasehold Improvements	\$
	Depreciation	\$
C	Notes Receivable (long-term)	
E	Other Assets	\$
<b>Total Other Assets</b>		\$
<b>Total Assets</b>		\$

LIABILITIES		
D	Notes Payable Banks	\$
D	Notes Payable Other	\$
D	Accounts Payable	\$
	Accrued Expenses	\$
	Accrued Taxes	
	Current Portion of Long Term Debt	
E	Other Current Liabilities	
<b>Total Current Liabilities</b>		\$
D	Long Term Debt	\$
D	Mortgage(s) Payable	\$
D	Long Term Debt Other	\$
	Leasehold Obligation	\$
	Deferred Taxes	\$
E	Other Liabilities (long-term)	\$
<b>Total Long Term Debt</b>		\$
<b>Total Liabilities</b>		\$

Net Worth	
Stock	\$
Additional Paid in Capital	\$
Retained Earnings	\$
Treasury Stock	\$

**Note A - Cash in Bank(s)**

Name of Bank	Amount of Deposit	Checking, Savings, CD's?	Restricted?

**Note B - Marketable Securities**

Name of Security	# of Shares	Par Value	Market Value	In Whose Name Registered?	Pledged?

**Note C - Accounts & Notes Receivable**

To Whom Due	Amount	Date Due	To Whom Due	Amount	Date Due

**Note D - Accounts & Notes Payable**

From Whom Due	Amount	Date Due	To Whom Due	Amount	Date Due

**Note E - Other Assets & Liabilities**

Description of Other Assets	Amount	Description of Other Liabilities	Amount

The undersigned hereby agree(s) that the above financial statement is made expressly for the purpose of inducing the Company to execute a certain bond (or bonds) on behalf of \_\_\_\_\_.

It is agreed that so long as the company shall continue to be liable on said bond (or bonds) the above statement shall be construed as a continuing representation of the financial condition of the undersigned, except as modified by subsequent written financial statements, if any, furnished the Company, and duly and properly signed by the undersigned.

The undersigned expressly agree(s) that the banks, persons, firms, and corporations above mentioned or that are concerned with any items above scheduled are hereby authorized to provide TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA any and all information in connection with the matters herein referred to or listed.

Signed this \_\_\_\_\_

By \_\_\_\_\_

Bond No. \_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT AS OF \_\_\_\_\_**

Name of Individual	Social Security No.	Age
Spouse's Name	Social Security No.	Age
Residence Address	Occupation	

ASSETS	*	COST BASIS	MARKET VALUE BASIS	LIABILITIES	*	TOTAL AMOUNT	MONTHLY PAYMENTS
Cash in Bank	1			Loans Payable – Bank	7		
Notes Receivable	2			Note Payable	8		
Accounts Receivable	2			Accounts Payable	8		
Government Bonds/ Marketable Securities	3			Taxes Payable	9		
Real Estate-Homestead	4			Mortgages Payable	4		
Real Estate- Investments	4			Other Liabilities	10		
Cash Value Life Ins.	5						
Others Assets	6						
Car-Household Furnishings							
<b>TOTAL ASSETS</b>				<b>TOTAL LIABILITIES</b>			
				<b>**NET WORTH</b>			<b>** Assets (Cash Basis) - Liabilities</b>
				<b>TOTAL LIABILITIES AND NET WORTH</b>			<b>Net Worth</b>

INCOME	Salary	Real Estate Income	Other	TOTAL INCOME
	Bonus/Commission			

**\*SUPPLEMENTARY SCHEDULES**

NOTE: All data listed above must appear on the appropriate schedules. Insert "none" where appropriate. Designate if owned jointly.

**1. CASH IN BANK**

Name, Branch and Location of Bank	Account Number	Amount

**2. NOTES AND ACCOUNTS RECEIVABLE**

Names and Address of Debtor	Amount	Due Date	Security	Pledged To Whom

**3. BONDS AND MARKETABLE SECURITIES**

Name of Security	Exchange List	No. of Shares	Price Per Share	Total Market Value

**4. REAL ESTATE**

Location/Description	Year Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder

**5. CASH VALUE OF LIFE INSURANCE**

Name and Address of Company	Beneficiary	Face Value	Cash Value	Amount of Loans Against

**6. OTHER ASSETS**

Description	Title Holder	Cost	Market Value	Age of Assets

**7. LOANS PAYABLE**

Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured?

**8. ACCOUNTS AND NOTES PAYABLE (Including Charge Accounts)**

Payable to Whom	Address	Amount	Date Payment as due	How Secured?

**9. TAXES PAYABLE (State & Federal)**

Description	Amount	Date Payment is Due

**10. OTHER**

Location/Description	Payable to Whom	Amount	Date Payment is Due	How Secured?

Are you contingently liable or endorser on any bonds or other obligation?      Yes\*      No

Are you involved in any litigation?      Yes\*      No

Have you filed for bankruptcy in the last 7 years?      Yes\*      No

\*Explain all YES answers on separate sheet of paper

I hereby certify and declare that the above statement presents accurately my financial condition to the best of my knowledge and belief and I hereby authorize and request any person, firm or corporation to furnish any information requested by TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, for itself and its affiliates, parents, and subsidiaries, individually, and collectively (hereinafter referred to as the Surety) concerning any transaction with the undersigned; and the said Surety is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the purpose of securing reinsurance or co-suretyship.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature