



LESRON

The Surety Specialist

Full Contract Surety Submission

For **Lesron Insurance** to develop the best possible surety program, we must have the following documents. A complete information package provided by you will be the most effective way to maximize bonding capacity.

- Business Financial Statements** – 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 statement is older than six (6) months, then please include an interim statement.
- Personal Financial Statement** - (form enclosed)
- Work in Progress** - (form enclosed). Please provide a breakdown for **ALL** current jobs, including any bonded as well as unbonded work.
- Complete contractor questionnaire** – (form enclosed)
- Resumes** - Please provide one for each owner and each key employee.
- Reference** - Please include letters of reference from suppliers and any previous jobs.
- Bank Information** - Please provide evidence of your borrowing capacity as well as any lines of credit via copies of current statements.
- A Current Certificate of Insurance**
- A Company Brochure** – As well as any selling or promotional material you may have.

If you are an “S” Corporation, we will also need:

- Latest year end corporate and personal tax returns on all owners.
- Credit Authorization (form enclosed)

Please call with any questions.



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The Surety Bond Specialists

Personal Financial Statement

Contact/General Information

Name in Full: _____
 Business Address: _____
 City/State/Zip: _____
 In what line of business are you engaged? _____
 If member of a firm, state name thereof and nature of business: _____

Phone: _____
 Fax: _____
 E-mail: _____

For the purpose of inducing the company checked above to whom application has been made to become surety for _____ the undersigned presents the following:

STATEMENT OF ASSETS AND LIABILITIES AS OF _____ (date)

Current Assets

Cash on hand (not in bank)	\$	_____
Cash in following banks-Schedule "A"		_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Stocks/Bonds/Securities-Schedule "B"	\$	_____
Merchandise on hand, at cost -Schedule "E"	\$	_____
_____		_____
Notes Receivable-Schedule "C"	\$	_____
Accounts Receivable-Schedule "D"	\$	_____
Other current assets:		_____
_____	\$	_____
_____	\$	_____
Total Current Assets	\$	_____

Fixed Assets

Real Estate as listed in Schedule "H"		
Land (at market value)	\$	_____
Improvements Completed	\$	_____
Equipment Schedule "F"	\$	_____
Other Assets-Schedule "G"		_____
_____	\$	_____
_____	\$	_____
Total Fixed Assets	\$	_____
Total	\$	_____

Current Liabilities

Notes Payable (NOT to banks)	\$	_____
Loans from banks-Schedule "I"		_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Accounts Payable-Schedule "J"	\$	_____
Other Current Liabilities:		_____
_____	\$	_____
_____	\$	_____
Total Current Liabilities	\$	_____

Other Liabilities

Chattel mortgages on equipment, fixtures, etc. - Schedule "F"	\$	_____
Mortgages on real estate as per Schedule "H"	\$	_____
Other Liabilities:		_____
_____	\$	_____
_____	\$	_____
Total Liabilities	\$	_____

Capital (Corporation)	\$	_____
Surplus (Corporation)	\$	_____
Individual or Partnership Net Worth	\$	_____
Total	\$	_____

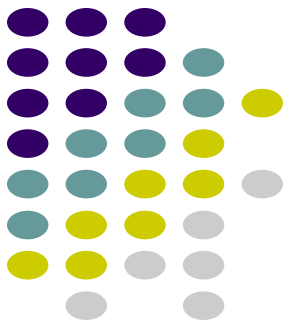
I hereby authorize the depositories to confirm any inquiry made by Lesron, or its representatives as to any statement made herein relative to moneys on deposit, bank indebtedness or credit.

I HEREBY DECLARE that I have, in replies made above, stated the truth, without any mental reservation whatever.
 Signature _____ (Seal)

SWORN to before me, this _____ day of _____, A.D., 20 _____

_____ Notary Public

A CASH IN BANK	Name of Bank		Location		Amt of Deposit	In Whose Name		
B STOCKS, BONDS, ETC.	Name of Security		No. Shares	Par Value	Mkt Value	In Whose Name Registered		If Pledged, to whom and for what purpose
C NOTES RECEIVABLE	Amount	When Due	For What Due	How Secured	Name and Address from Whom Due			
D ACCOUNTS RECEIVABLE	Amount	When Due	For What Due	Is It Good	Name and Address from Whom Due			
E MERCHANDISE ON HAND	Description				Cost Price	Market Value		
F EQUIPMENT	Quantity	Description and Capacity	Age	Purchase Price	Depreciation Charged Off	Book Value	Encumbrance	Amount Pay Monthly
G OTHER ASSETS	Description				Value	Encumbrance		
H REAL ESTATE	Location and Description of Property			In Whose Name is Title	Pres. Forced Sale Value	Amount of Mortgage	Name of Mortgagee	
I NOTES PAYABLE	Amount	To Whom Payable-Name and Address			Purpose	Security	When Due	
J ACCOUNTS PAYABLE	Amount	To Whom Payable-Name and Address			Purchase Date	Date To Be Paid		



LESRON

Insurance Agency, Incorporated

1440 N. Harbor Blvd, Suite 610

Fullerton, CA 92835

License #0792430

Office 714.441.2722

Contractor's Questionnaire

ORGANIZATION AND BACKGROUND

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

Business Telephone No.: () _____ Fax No.: () _____

The Firm is a: Corporation Partnership Sole Proprietorship Date Started: _____ Tax I.D. No _____

List Construction License(s) by License No. (identify by state and type): _____

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

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Home Phone No.: () _____

Home Phone No.: () _____

Date of Birth: _____ SS#: _____

Date of Birth: _____ SS#: _____

% of Ownership: _____ Position: _____

% of Ownership: _____ Position: _____

Spouse Name: _____

Spouse Name: _____

Date of Birth: _____ SS#: _____

Date of Birth: _____ SS#: _____

Do you have a trust? Yes No
If "Yes" please provide a copy

Do you have a trust? Yes No
If "Yes" please provide a copy

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Home Phone No.: () _____

Home Phone No.: () _____

Date of Birth: _____ SS#: _____

Date of Birth: _____ SS#: _____

% of Ownership: _____ Position: _____

% of Ownership: _____ Position: _____

Spouse Name: _____

Spouse Name: _____

Date of Birth: _____ SS#: _____

Date of Birth: _____ SS#: _____

Do you have a trust? Yes No
If "Yes" please provide a copy

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: \$ _____ during _____ and consisted of _____
(Year) (Number of Contractors)

ACCOUNTING INFORMATION

• Do you use a C.P.A.? Yes No Date of company's year-end: _____

If yes, name of accounting firm: _____

Contact: _____ Telephone No.: () _____ Years with Firm: _____

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

• Date of last IRS audit: _____

BANKING INFORMATION

• Name of Bank: _____ Branch: _____

Contact: _____ Telephone No.: () _____ Years with Branch: _____

• Do you have a line of credit?: Yes No If yes, Current amount?: \$ _____

How secured? _____ In use: \$ _____

BONDING & INSURANCE INFORMATION

• Who is your most recent bonding company?: _____ Agent: _____

Address: _____ Telephone No.: () _____

• 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? N/A Yes No

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

• Bonding Capacity desired: Single job size \$ _____ Total work on hand \$ _____

• Who is your agent for Insurance? _____

Address: _____ Telephone No.: () _____

DISPUTES, FINANCIAL DIFFICULTIES, PROBLEMS, ETC.

Please check YES or NO to the following questions, and explain all "YES" answers on an additional page:

- Have there been any changes in control of the company in 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? YES NO

REFERENCES

List four largest jobs completed in the last three years:

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

Owner/General Contractor: _____

Address: _____

Contact: _____ Telephone No.: () _____

Job Description/Location _____

Was the job bonded? Yes No If yes, with Surety? _____

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

Owner/General Contractor: _____

Address: _____

Contact: _____ Telephone No.: () _____

Job Description/Location _____

Was the job bonded? Yes No If yes, with Surety? _____

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

Owner/General Contractor: _____

Address: _____

Contact: _____ Telephone No.: () _____

Job Description/Location _____

Was the job bonded? Yes No If yes, with Surety? _____

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

Owner/General Contractor: _____

Address: _____

Contact: _____ Telephone No.: () _____

Job Description/Location _____

Was the job bonded? Yes No If yes, with Surety? _____

LIST 3 MAJOR SUPPLIERS

Firm Name: _____

Address: _____

Contact: _____ Telephone No.: () _____ Fax No.: () _____

Firm Name: _____

Address: _____

Contact: _____ Telephone No.: () _____ Fax No.: () _____

Firm Name: _____

Address: _____

Contact: _____ Telephone No.: () _____ Fax No.: () _____

AUTHORIZATION

The undersigned states that the foregoing statements are true and accurate as of the date signed. The undersigned authorizes Lesron Surety Bonds 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: _____



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Resume Of Experience

Resume of Experience for: _____
(Name of Owner or Key Employee)

Who is: _____ of the Firm: _____
(Your position) (Name of Company)

Personal Information

Date of Birth: _____ Social Security: _____
Place of Birth: _____ Phone Number: _____
Address (include country): _____
If married, name of spouse: _____ Social Security: _____

Education

High School: _____
College or Trade School: _____

Experience With Company

Number of years with company: _____ Starting position with company: _____
Present position and responsibilities with the company: _____
Scope of Position: _____
Percentage of ownership (if applicable) %: _____

Experience in Field (If you already have a Resume please include it in the packet)

Name, Address, & Date of Employment	Responsibilities
_____	_____
_____	_____
_____	_____

Comments (including objectives and goals within the company) _____

Signature: _____



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Credit Authorization Form

Authorization is hereby given to Lesron Insurance Agency Incorporated to run any required credit reports for the purpose of 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)

(Typed or Printed Name)

Date of Birth: _____

Date of Birth: _____

Social Security #: _____

Social Security #: _____

CA D/L #: _____

CA D/L#: _____

Home Address: _____

Home Address: _____

Signature: _____

Signature: _____

(Typed or Printed Name)

(Typed or Printed Name)

Date of Birth: _____

Date of Birth: _____

Social Security #: _____

Social Security #: _____

CA D/L #: _____

CA D/L#: _____

Home Address: _____

Home Address: _____



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Bid Bond Request Form

Contactor's Information

Date _____

Contractor's Name _____

Bid Date _____ Time of Bid _____

Owner/Oblige _____

Job/Project Description _____

Details

Contract/Solicitation Number _____

Estimated Contract Amount \$ _____

Liquidated Damages \$ _____ Per Calendar Day _____ or Working Day _____

Completion Time _____ Calendar Days _____ or Working Days _____

Warranty Provisions _____

Bid Bond Percentage 5% _____ 10% _____ 15% _____ 20% _____

Bid Forms (Please indicate)

Special Forms Attached _____ Bond Company Forms _____ Government Forms _____

Current Work on Hand \$ _____

Delivery Via (Please indicate by check mark)

Hold for Pick Up _____ Date _____ Time _____

Regular Mail (Address) _____

Federal Express **Priority** (Account Number #) _____

MEMO

