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www.FloridaSuretyBonds.com

# Contractor Profile

Name: \_\_\_\_\_ Type: Proprietorship "S" Corp.  
 Address: \_\_\_\_\_ Partnership Corporation  
 Website: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_  
 Date Business Started: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ State of Inc. \_\_\_\_\_  
 Type of Work Performed: \_\_\_\_\_ Territory of Operations: \_\_\_\_\_  
 Name of Prior Business (if applicable): \_\_\_\_\_  
 Contact for Bonding Needs: \_\_\_\_\_

## Owners, Officers, Partners

List All Owners, Officers, Partners, and Spouses.

Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ SS #: \_\_\_\_\_

Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ SS #: \_\_\_\_\_

Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ SS #: \_\_\_\_\_

Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ SS #: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ SS #: \_\_\_\_\_

## Related Companies

List Affiliates, Subsidiaries, or Related Companies in which this Firm or Stockholders have an Interest:

Company Name \_\_\_\_\_  
 Tax ID \_\_\_\_\_  
 Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ SS #: \_\_\_\_\_

Company Name \_\_\_\_\_  
 Tax ID \_\_\_\_\_  
 Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ SS #: \_\_\_\_\_

Have you ever been charged with a criminal offense? Yes No If yes, please attach a brief explanation.  
 Has your firm or any of its principals ever petitioned for bankruptcy? Yes No If yes, please attach a brief explanation.  
 Are you currently involved in any litigation? Yes No If yes, please attach a brief explanation.  
 Have you or any officer, partner, stockholder or principal ever been associated with a company which has failed to complete a contract, caused a surety a loss, failed in business or compromised a creditor? Yes No If yes, please attach a brief explanation.

## Key Personnel

List all Key Personnel - Project Managers, Superintendents, Estimators, etc.

Name: \_\_\_\_\_ Year Born: \_\_\_\_\_

Position: \_\_\_\_\_

How Long Here: \_\_\_\_\_

Name: \_\_\_\_\_ Year Born: \_\_\_\_\_

Position: \_\_\_\_\_

How Long Here: \_\_\_\_\_

Name: \_\_\_\_\_ Year Born: \_\_\_\_\_

Position: \_\_\_\_\_

How Long Here: \_\_\_\_\_

Name: \_\_\_\_\_ Year Born: \_\_\_\_\_

Position: \_\_\_\_\_

How Long Here: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Who holds the License for the Firm? \_\_\_\_\_

Number of Crews: \_\_\_\_\_

Trade License No. \_\_\_\_\_

## Prior Experience

List Your Five Largest Jobs Completed in the Last Three Years. **\*\*No address necessary if phone/fax are included.\*\***

1. Project Description and Location: \_\_\_\_\_

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

Owner/G.C./Arch./Eng.: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_

2. Project Description and Location: \_\_\_\_\_

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

Owner/G.C./Arch./Eng.: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_

3. Project Description and Location: \_\_\_\_\_

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

Owner/G.C./Arch./Eng.: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_

4. Project Description and Location: \_\_\_\_\_

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

Owner/G.C./Arch./Eng.: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_

5. Project Description and Location: \_\_\_\_\_

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

Owner/G.C./Arch./Eng.: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_

## Subcontractor/Supplier References

Percent of Work Subcontracted: \_\_\_\_\_%    Policy on Managing Subcontractors:    Lien Releases:    Yes    No  
Work Performed with Own Forces: \_\_\_\_\_    Joint Check:    Yes    No  
Bond:    Yes    No

**List Five Subcontractor References**

- 1. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_
- 2. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_
- 3. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_
- 4. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_
- 5. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_

**List Five Suppliers**

- 1. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_
- 2. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_
- 3. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_
- 4. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_
- 5. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax or email: \_\_\_\_\_

Do You Normally Pay Suppliers:    Discount    30 Days    60 Days    Over 60 Days

## Largest Job/Current Bond Needs

Largest Job Completed: \$ \_\_\_\_\_ Year: \_\_\_\_\_

Current Bond Need: Bid Bond Performance & Payment (please attach bid announcement or copy of contract, if applicable)

Single: \$ \_\_\_\_\_ Work Program (Projected Annual Sales): \$ \_\_\_\_\_

## Banking

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

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

Do you have a line of Credit? Yes No Amount: \$ \_\_\_\_\_ (Attach a copy of line or letter from bank)

How is it Secured? \_\_\_\_\_

Do we have your permission to verify banking information? Yes No

## Continuity/Life Insurance

Is there a buy-sell agreement in effect? Yes No If Yes, Agreement Funded by Life Insurance? Yes No

Insured: \_\_\_\_\_ Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Type: Whole Term Amount: \$ \_\_\_\_\_ Type: Whole Term

## Insurance/Bonding

Current Liability Carrier: \_\_\_\_\_ Agent: \_\_\_\_\_

Current Bond Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Current Bonding Limits: \$ \_\_\_\_\_ Single/\$ \_\_\_\_\_ Aggregate Rate: \_\_\_\_\_

## Accounting

Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fiscal Year End: \_\_\_\_\_ How Many Years has this Firm Prepared Your Financial Statements? \_\_\_\_\_

Internal Accounting Software Used: Yes Name: \_\_\_\_\_ No

Type of CPA Statement: Compilation Review Audit

Basis of Preparation of Statements: Basis of Tax Payments:

Cash	Completed Contract	Cash	Completed Contract
Accrual	% of Completion	Accrual	% of Completion

*Florida Law requires that we inform you that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.*

*I authorize you to contact the individuals and companies referenced and credit bureaus to gather information on the credit, including character, capacity, and capital of the company and its employees and owners for bonding purposes.*

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

Title \_\_\_\_\_

