

This program is not intended for use on the following types of contracts;

- Subdivision
- Completion
- Multi-year Terms
- Indefinite Quantity
- Service Contracts
- Design Build
- Efficiency Guarantees
- Software Programs
- Sovereign Nation Owners
- Environment Issues/Hazardous Material Remediation
- Long-term Maintenance Guarantee

CONTRACTOR INFORMATION - Attach most recent company year-end financial statement or tax return.

Company Name: (Full Legal Name and DBA's)			
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Individual			
Business Address:			Phone:
Year Started:	Years Under Current Management:		
Largest Contract Completed:		Description:	
Amount:	Date Completed:		
Owner:	Contact Name:	Phone:	
Largest Supplier Name:			Phone:
Has this company, owner or predecessor ever failed in business or declared bankruptcy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this company, owner or predecessor ever defaulted on a contract?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this company, owner or predecessor ever been involved in a surety claim?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this company, owner or predecessor ever been involved in lawsuit, liens, or contract dispute in last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any assets pledged, restricted, or held in trusts?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain any "Yes" answers: _____			
Bank Name:		Line of Credit Available:	
Contact Name:			Phone:

OWNER INFORMATION - Attach most recent personal financial statement.

List Company Owners - if more than 3 owners, please complete Additional Owners SUP 0098-0001.

Owner #1:		Social Security #:	Date of Birth:
Spouse:		Social Security #:	Date of Birth:
Home Address:		Own Your Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
% of Company Owned:		Position in Company:	
Owner #2:		Social Security #:	Date of Birth:
Spouse:		Social Security #:	Date of Birth:
Home Address:		Own Your Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
% of Company Owned:		Position in Company:	
Owner #3:		Social Security #:	Date of Birth:
Spouse:		Social Security #:	Date of Birth:
Home Address:		Own Your Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
% of Company Owned:		Position in Company:	

The applicant certifies that all information provided in this application is true and accurate.

Sign by the X and print name legibly below the line.

Prepared By: X _____ Date: _____

Printed Name: _____

Agency Name:	How long have you known the Contractor?
Experience and Recommendation:	

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GENERAL INFORMATION

Contractor:	
Agency Name:	Date:

BID BOND

Obligee/Owner			
Amount of Bid:	Bid Date:	Project, Job or Bid #:	
Description of Location and Work:			
Work Start Date:	Completion Time:	Liquidated Damages:	Maintenance Period:
Number of Open / Signed Contracts on Hand:		Total Cost To Complete Open / Signed Contracts on Hand:	

PERFORMANCE BOND

- Contractor If this is not a public job, please provide copy of contract, bond forms and evidence of financing if private funding.
- Subcontractor Please provide copy of subcontract and bond forms.

Obligee/Owner		
Address of Obligee (if bond is more than \$50,000)		
Amount of Bond:	Project, Job or Contract #::	Bid Secured by: <input type="checkbox"/> Bid Bond <input type="checkbox"/> Other: _____
Description of Location and Work:		
Completion Time:	Liquidated Damages:	Maintenance Period:
Next 2 Other Bids: \$ _____ \$ _____		
Number of Open / Signed Contracts on Hand:		Total Cost To Complete Open / Signed Contracts on Hand:

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Sign by the X and print name legibly below the line.

Prepared By: X _____ Date: _____

Printed Name: _____