

CBI Quick App Up to \$750,000

		I. BUSINESS	INFORMATIO	N	
Business name:					
Contact name:			E-ma	ail address:	
Firm address:					
Phone:			Fax:		
Web site:					
State of incorporation:			Year	started:	
Tax ID:				ur firm union?	Yes 🗌 No 🗌 Both
Contracting specialty:					
Geographic area(s) of ope	eration: (Territory	y)			
Type of business:	C-Corp.	Sub S. Corp.	Part.	Sole Prop.	
Employees (# of):	Office:	Field (min.):	to (max.):	Current to	otal:
Certifications:	🗌 8a 🗌 Hi	ubZone 🗌 SDVOSB	Minority] Woman Owned	Other:
		II. OFFICER	INFORMATION	N	
List all Owners, Propriet	ors, Partners a	nd Officers of the fir	m (List addition	nal owners on se	parate pages):
Full Name:		Pct. Owned:%	Date of Birth:		SSN:
Position:		Since:	Home Address:		
Spouse Full Name:		Spouse Date of Birtl	h:	Spouse SSI	N:
Full Name:					SSN:
Spouse Full Name:		Spouse Date of Birt	th:	Spouse SS	N:
Is there a buy/sell agreem	ent among the c	owners of the busines	s?	Ε	Yes 🗌 No
Is this agreement funded b	by life insurance	?		Γ	Yes 🗌 No
		III. BUSINI	ESS DETAILS		
Has your firm or any of its a contract, or caused a los				iness, failed to co	mplete
Is your firm or any of its ov If yes, please attach explana		currently involved in a	any litigation, or	liens/judgments?	🗌 Yes 🗌 No
Percentage of the firm's wo	rk for: Goverr	nment Owners:	_% Private	e Owners:	% Other Contractors:%
Trades you normally unde	rtake with your o	own employees:	None		
Trades you normally subc	ontract:				
Preferred job size range:	\$	to <u>\$</u>	Numbe	r of jobs at a time:	
Largest job expected durir	ng the next year	:			
Expected annual revenues	s this current fise	cal year:		Next fiscal	l year:

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XII. LARGEST COMPLETED CONTRACTS (LARGEST FIRST)				
City, State:	Contract Price: \$	Date Completed:	Bonded:	☐ Yes ☐ No
Firm:	Phone:	Email/Fax:		
City, State:	Contract Price: \$	Date Completed	Bonded:	☐ Yes ☐ No
Firm:	Phone:	Email/Fax:		
City, State:	Contract Price: \$	Date Completed:	Bonded:	☐ Yes ☐ No
Firm:	Phone:	Email/Fax:		
	City, Firm: Firm: City, State: Firm: City, State: Firm: City, State: Firm:	City, State: Contract Price: \$ Firm: Phone: City, State: Contract Price: \$ Firm: Phone: \$ Contract Price: \$	City, State: Contract Price: Date Completed: Firm: Phone: Email/Fax: City, State: Contract Price: Date Completed Firm: Phone: Date Completed Firm: Phone: Email/Fax: City, State: Firm: Phone: Email/Fax: City, State: Firm: Phone: Email/Fax: City, State: Contract Price: Date Completed: Completed:	City, State: Contract Price: Date Completed: Bonded: Firm: Phone: Email/Fax:

VIII. BANK INFORMATION				
Name of Bank:	Address	:		
Current Balance:	Average Balance:	Statement Date:		
With this bank since:	Relationship currently includes:	Deposit accounts Revolving line of credit Term loans		
Line of credit (LOC) year opened:	Amount Available	e: \$ Line expires:		
LOC – Unsecured Secured	Ву:			
Other banking relationships:				

XI. SUBSIDIARIES AND AFFILIATES

Subsidiaries and affiliates of the applicant firm:

Firm name: 1	Ownership/relationship:	Type of business:	<u>FEIN:</u>
2			

Previous bonding companies:

<u>Name:</u> 1	Dates:	Reason for leaving:
2		·
3		

SIGNATURES

Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Name of Firm:	
Completed by:	
Title:	
Signature:	Date:
Additional Remarks:	

Will all owners and their spouses provide full personal indemnification to the surety? \Box Yes [🗌 No (explain below)
Explain:	

1	P	l	
V	ÁS	BP	