

Small Contractor Bridge Surety Bond Application

Program Manager:



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The Small Contractor Bridge Program

The Small Contractor Bridge Program is a comprehensive set of insurance, financial, administrative and risk management services developed to help your company grow. These services are provided by Community Insurance Center, a division of Inner-City Underwriting Agency and its strategic business partners.

The Small Contractor Bridge Program offers many benefits:

Surety Bonds from an “A” rated, Treasury Listed Surety

We have a thorough but fair underwriting process. We help contractors obtain bonds who do not normally qualify for surety credit. We also help contractors who need to bond projects larger than their current surety company will allow. Most importantly, we work with you to develop long term strategies to manage and grow surety credit.

Working Capital

We work with lenders, to help you obtain project based working capital. The working capital provided in this program is project specific and will help you meet financial obligations incurred while awaiting payment for work performed. When the project is complete, the loan is fully repaid.

Assistance with Contract Administration, Paper Work & Information Technology

In our program, you are responsible for handling all contract administration. However, many Small/MBE/WBE/DBE contractors get into trouble because paperwork is not processed properly. We offer many services to help you manage project based paperwork and bookkeeping. These services are customized to fit your needs and the requirements of your projects.

Project Monitoring and Trouble Shooting

Don't go it alone. We offer contract oversight services that include project monitoring and trouble shooting.

Company Profile

Owner's Full Name		AGENCY	Community Ins Center, a div of Inner-City Underwriting Agency
CompanyName		EmailAddress	
Address		FEIN	
City, State, Zip Code		Date Incorporated	
Phone		Bonding Capacity?	
Fax		Home Based Business?	YES NO
Value of Largest Contract Completed to Date		Cumulative Value of Contracts Completed last year	
Scope of above project		Private:	Public:

Please answer the following questions to the best of your ability.

Type of Organization (check next to type):

LLC	Corporation	Partnership	Proprietorship	Other
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Check all of the trades that your company performs.

Asbestos/Lead Abatement	Fire Protection Systems	Plumbing
Asphalt	Glass/Windows/Glazing HVAC/	Roofing
Carpentry	Mechanical	Safety
Drywall	Information Technology (IT)	Steel/Structural
Electrical	Landscaping/Erosion Control	Traffic Control
Elevator	Masonry/Concrete	Other:
Excavation/Site Work/Demo	Painting	

What certifications does your company currently hold and which agency certified you?

<input type="checkbox"/> BEP Certified by:	<input type="checkbox"/> DBE Certified by:	<input type="checkbox"/> MBE Certified by:	<input type="checkbox"/> Hub Zone Certified by:	<input type="checkbox"/> VOSB Certified by:
<input type="checkbox"/> SBA (8a) Certified by:	<input type="checkbox"/> SBSA Certified by:	<input type="checkbox"/> WBE Certified by:	<input type="checkbox"/> Other Certified by:	<input type="checkbox"/> Other Certified by:

Demographic information:

African American	Asian/Indian	Asian/Pacific	Caucasian
Hispanic	Native American	Other	
Male	Female		

Number of full-time employees:	Number of part-time employees:
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Please check any agency for which your company has worked.

City of Chicago	County	Illinois Department of Transportation	Illinois Tollway
Metra	Metropolitan Water Reclamation Dist.	State of Illinois	Other

List your percentage of work within each category:

Public:	Private:	General Contractor:	Subcontractor:
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Name(Print): _____

Title: _____

Signature: _____

Date: _____

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Company Name

Address

City

Phone

Name of Person
Completing this application

Contact Phone
Number

Type of Organization:

- LLC
 Corporation
 Partnership
 Proprietorship
 Sub. S. Corporation
 Other

FEIN

Date Incorporated

Zip Code

State

Fax:

Website

Contact Email:

Company Owners & Business Profile

List All Owners and/or Stockholders and Spouses of the Company
(Attach separate sheet if more than four owners)

Full Name & Soc. Sec #	Address	%Ownership	BirthDate	Spouse Name & Soc. Sec #	Spouse Bdate

Have there been any changes in ownership in the past two years? Yes No

If yes, please explain:

Is the Company or any of its owners connected with other companies that operate as a parent, subsidiary, holding company or affiliate? Yes No

If yes, please explain:



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Does the company hold any certifications? Please check each one that applies to your company.

MBE
 WBE
 DBE
 8A
 HUB ZONE

Is there a buy/sell agreement among the owners of the business?

Yes No

Has your firm or any of its principals ever petitioned for bankruptcy or defaulted so as to cause a loss to a Surety?

Yes No

Is your firm or any of its owners or officers currently involved in any litigation?

Yes No

Provide Number of Employees, Gross Payroll and Gross Revenue for the following?

	Year	# Employees	Gross Payroll	Gross Revenue
Projected-Next Calendar Year				
Current Calendar Year				
Last Calendar Year				
Prior Calendar Year				

Information on Your CPA: Do you have a CPA?

Yes

No

Name of your CPA:

Phone

Street Address

Fax:

City

State

Zip Code

Name of Person

Assigned to Your Account

Contact Email:

On what basis are taxes paid?

On what basis are financial statements prepared?

On what level of assurance are financial statements prepared?

How often are financial statements prepared?

Bank Information

Name of your Bank

Phone

Street Address

Fax:

City

State

Zip Code

Name of Person

Assigned to Your Account

Contact Email:

Amount of line of credit:

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Company's Operations/General Information

Key Operating Personnel:

Full Name	Position / Responsibility	Age	Time In Position	Yrs in Industry

For Past Five Years, indicate dollar amount and description of work performed by you under contract with the following State, County and City agencies?

Agency	Amount	Description	Sub or Prime
Water Reclamation			
City of Chicago			
Cook County			
IDOT			
Tollway			
Metra			
State of IL - Other			



Contractor Specialty: Check all the contractor trades that your company self performs.

Asbestos Abatement

Elevator

Masonry / Concrete

Carpentry / Millwork

Fire Protection Systems

Painting

Drywall / Carpentry

Glass / Windows

Plumbing

Electrical

HVAC / Mechanical

Roofing

Excavation / Site Work

Landscaping

Steel / Structural

Other Explain:

Percentage of Work

Public %

General Contractor %

Private %

Sub-Contractor %

Please list all licenses

If you are a union contractor, please list all unions and the locals for which you are a signatory.

Do you currently have wage and welfare bonds? Yes No

If yes, please provide name of Union, Insurance Companies and Amounts



Provide the following information on the five largest contracts completed by your company in past five years. In the last column, it is important that you indicate if you completed this project as a subcontractor or Prime.

Owner/ General Contractor	Project Name, Location and Description	Contract Amount	Completion Date	Final Gross Profit	Project Contact Name, Phone & Email	Sub/ Prime

List the jobs you presently have underway:

Owner/ General Contractor	Project Name, Location and Description	Contract Amount	Completion Date	Final Gross Profit	Project Contact Name, Phone & Email

Do you lease equipment? Yes No
 Type of equipment leased and terms?



References

List Five of Your Major Suppliers

Company Name	Address incl City, State & Zip Code	Phone Number	Fax Number	Contact(Full Name)

List Five Subcontractors (or contractors if you are a subcontractor) that you do business with:

Company Name	Contact(Full Name)	Phone Number	Email

List Five Architects that you do business with:

Company Name	Contact(Full Name)	Phone Number	Email

Provide Information on your insurance Coverage

Type	Policy Limits	Ins Company	Expiration Date
General Liability			
Auto			
Workers Comp			



Blanket Authorization Form

My Company is applying for Surety Credit.

Authority is hereby granted to any individual, firm or corporation and any financial institution to furnish Community Insurance Center, a division of Inner-City Underwriting Agency Inc., and/or any of its currently represented bonding companies to whom it may submit upon their request, with any information concerning or pertaining to the undersigned's financial standing, credit or manner of meeting obligations for the purpose of securing suretyship, co-suretyship and/or reinsurance on behalf of the applicant.

A copy of this agreement shall be considered the same as the original.

This authorization is to remain in force until rescinded by the applicant in writing.

Company Name _____ FEIN _____

Address _____ Date Incorporated _____

City _____ State _____ Zip Code _____

Phone _____ Fax: _____

Signed this _____ day of _____ In the Year _____

By: _____

Title _____

Signature _____ Date _____

In additional to application, please provide the following information:

- CPA Prepared Financial Statement s for the past three years.
- Business Tax Returns for the past three years
- A copy of you most current "Work In Progress"
- Current Financial Statement for the owners of the company
- The most recent Tax Return for the owner and spouse.
- Resumes for key Owner and Key Members of the staff
- Articles of Incorporation
- Certificate of Insurance