



CONTRACTORS SUBMISSION CHECKLIST

- _____ Completed Contractor's Questionnaire.

- _____ Financial statements (complete with schedules and footnotes) for your company prepared under generally accepted accounting principles as of the last three fiscal year ends.

- _____ Current work in progress schedule, listing all projects to be completed.

- _____ Most recent personal financial statement of all principals. If formal statements are not available, please complete the attached two-page personal financial statement form.

- _____ Copies of Business/Personal Bank and Stock Brokerage Statements that will verify cash and securities listed on the financial statements provided.

- _____ Resumes of owner(s) and key personnel.

- _____ If applicable, copies of the Limited Liability Company Articles and Operating Agreement.

- _____ Copy of any business or personal bank line of credit currently in force.

- _____ Copy of Business Continuity Plan

- _____ Any brochures or other advertising describing your company.

- _____ Bid/contract information if specific bond is needed at this time.

Please send the documentation by fax, email or mail to:

CAPSTONE BROKERAGE, INC.

8681 W. Sahara Avenue, Ste. 100

Las Vegas, NV 89117

Telephone: (702) 227-5727

Fax: (702) 227-5753

Email: bonds@capstone1.com

CONTRACTOR'S SURETY QUESTIONNAIRE

The purpose of the Contractor's Surety Questionnaire is to develop sufficient information to assist the underwriter in evaluating the Contractor's qualifications in order that the underwriter will be in a position to provide the MAXIMUM bonding capacity. ALL INFORMATION MUST BE COMPLETE. If space is inadequate, please attach additional pages.

GENERAL BUSINESS INFORMATION:

COMPANY NAME (as licensed): _____

STREET ADDRESS: _____
(Street, City, State & Zip Code)

MAILING ADDRESS: _____
(if different than above) (Post Office Box, State & Zip Code)

BUS. PHONE:(____) _____ - _____ FAX:(____) _____ - _____ FED ID NO: _____

DATE OF INCORPORATION: ____/____/____ DATE BUSINESS STARTED: ____/____/____

TYPE OF FIRM: ___ CORPORATION ___ PARTNERSHIP ___ PROPRIETORSHIP ___ SUB S CORP
___ LIMITED LIABILITY CORPORATION

Type of construction work performed: _____

List all State Contractor's Licenses held by your company:

<u>STATE</u>	<u>LICENSE NO.</u>	<u>CLASSIFICATION – TYPE OF WORK</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- How much of your work is performed as: GENERAL _____% SUBCONTRACTOR _____%
- What percentage of your work is normally subcontracted: _____%
- What trades do you normally subcontract: _____
- Are subcontractors required to bond back: _____ YES _____ NO
- What trades do you normally undertake with your own forces: _____
- What is the average breakdown of your firm's construction income: GOVERNMENTAL AGENCIES: _____% PUBLIC WORK: _____% PRIVATE COMMERCIAL _____% PRIVATE RESIDENTIAL _____%
- What is your average job size? \$ _____
- What was the largest project completed by your company? \$ _____ Date completed _____
Who were you under contract with on this project? (Name, Address, Phone Number, Person to Contact)

9. What are your anticipated bond needs for the next 12 months?
 Single Bond Amount: \$ _____ No. of Jobs at one time: _____
10. What is the largest job you expect to undertake during the next year? \$ _____
11. What is your expected annual volume for next year? \$ _____
12. What was your largest work program (Uncompleted work-on-hand) in the last 3 years?
 Total Amount: \$ _____ When (mo/yr): _____ / _____ No. of jobs this entailed: _____

13. List key personnel: (officers, estimators, bookkeepers, foremen, supervisors, etc.)

<u>NAME</u>	<u>POSITION</u>	<u>DOB</u>	<u>YRS EXPER.</u>	<u>PREVIOUS EMPLOYER</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. List any life insurance in force on owners and/or key personnel:

<u>NAME OF INSURED</u>	<u>BENEFICIARY</u>	<u>AMOUNT</u>
A. _____	_____	\$ _____
Insurance Company: _____		
B. _____	_____	\$ _____
Insurance Company: _____		
C. _____	_____	\$ _____
Insurance Company: _____		

15. Is there a buy/sell agreement in effect? _____ How is it funded? _____
 What continuity provisions do you have in place for the continuation of the company? _____

 Who will complete current projects should something happen to the owners and/or other key employees? _____

 Are there any benefits for them to do so? _____

16. Are there any loans due from the owners and/or employees of the company? _____ Yes _____ No
17. Has your firm or any of its owners or officers ever petitioned for bankruptcy, failed in business or defaulted on any project? (If yes, attach full explanation) _____ Yes _____ No
18. Is your firm or any of its owners or officers currently involved in any litigation? _____ Yes _____ No
 (If yes, attach full explanation)

19. List any subsidiaries and affiliates of this firm:

<u>Firm Name</u>	<u>Ownership</u>	<u>Type of Business</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Was there a predecessor firm? _____

FINANCIAL INFORMATION

Banking:

Name of Bank: _____ Phone No.: _____
Mailing Address: _____ Years with this bank: _____
(Street, City, State & Zip Code)
Have you established a Line Of Credit? _____ If yes, Amount: \$ _____ Date Established: _____
Security on LOC: _____ Bank Officer: _____

(Attach copy of Credit/Loan Agreement)

Accounting & Financial:

Name of Accounting Firm: _____ Phone No.: _____
Mailing Address: _____
(Street, City, State & Zip Code)
Name of Accountant: _____ Years with this firm: _____
Statements are prepared on what basis: _____ COMPILATION _____ REVIEW _____ AUDIT
Method of preparation: _____ PERCENTAGE OF COMPLETION _____ COMPLETED CONTRACT _____ CASH
On what basis are taxes paid? _____ % OF COMPLETION _____ COMPLETED CONTRACT _____ CASH
What is your Fiscal YEAR-END? _____ How often are financial statements prepared? _____
Have operations been profitable since last statement date? _____ YES _____ NO (if no, attach separate sheet with explanation)
What type of accounting system do you use? _____ COMPUTER _____ MANUAL
If computerized, what software do you run and what portions do you use? _____
Do you currently have any disputed or questionable receivables? _____ YES _____ NO
(if yes, attach separate sheet with explanation)
What percentage of your receivables are more than 60 days old (not including retention)? _____

Job Costing:

Are job cost records kept? _____ YES _____ NO
How often are they reviewed? _____ Who reviews? _____
How often are they updated? _____ Are job cost records kept by project? _____
Who is responsible for maintaining the records? _____
What reports do you use to monitor projects? _____
What types of records are maintained: _____

Bonding & Insurance:

Name of Insurance Agency: _____ Phone No.: _____
Mailing Address: _____
(Street, City, State & Zip Code)
Name of Agent: _____ Years with this Agency: _____
Present or most recent Surety Company: _____
Years with this Surety Company: _____ How many bid bonds did you use last year? _____
How many final bonds did you need last year?: _____
Largest project bonded by this surety company: \$ _____ When (mo/yr) _____

CONTRACTOR REFERENCES

List the 5 largest projects completed in the last 3 years:

1. Owner or G.C.: _____ Person to Contact: _____
Mailing Address: _____ Phone No: _____
Project Name & No. _____ Contract Amount:\$ _____ Gross Profit: _____
Description & Location of Work: _____
_____ Yr. Completed _____
2. Owner or G.C.: _____ Person to Contact: _____
Mailing Address: _____ Phone No: _____
Project Name & No. _____ Contract Amount:\$ _____ Gross Profit: _____
Description & Location of Work: _____
_____ Yr. Completed _____
3. Owner or G.C.: _____ Person to Contact: _____
Mailing Address: _____ Phone No: _____
Project Name & No. _____ Contract Amount:\$ _____ Gross Profit: _____
Description & Location of Work: _____
_____ Yr. Completed _____
4. Owner or G.C.: _____ Person to Contact: _____
Mailing Address: _____ Phone No: _____
Project Name & No. _____ Contract Amount:\$ _____ Gross Profit: _____
Description & Location of Work: _____
_____ Yr. Completed _____
5. Owner or G.C.: _____ Person to Contact: _____
Mailing Address: _____ Phone No: _____
Project Name & No. _____ Contract Amount:\$ _____ Gross Profit: _____
Description & Location of Work: _____
_____ Yr. Completed _____

List your 5 largest material suppliers:

1. Supplier Name: _____ Person to Contact: _____
Mailing Address: _____ Phone: _____ Fax: _____
2. Supplier Name: _____ Person to Contact: _____
Mailing Address: _____ Phone: _____ Fax: _____
3. Supplier Name: _____ Person to Contact: _____
Mailing Address: _____ Phone: _____ Fax: _____
4. Supplier Name: _____ Person to Contact: _____
Mailing Address: _____ Phone: _____ Fax: _____

List 3 architects or engineers who are familiar with you work:

1. Firm Name: _____ Person to Contact: _____
Mailing Address: _____ Phone: _____ Fax: _____
2. Firm Name: _____ Person to Contact: _____
Mailing Address: _____ Phone: _____ Fax: _____
3. Firm Name: _____ Person to Contact: _____
Mailing Address: _____ Phone: _____ Fax: _____

COMPANY OWNERSHIP

List all owners and/or stockholders of the company

Name: _____ Position/Title: _____ % Ownership: _____

Home Address: _____
(Street, City, State & Zip Code)

SSN: _____ Date of Birth _____ Home Phone: _____

Spouses Name: _____ Spouse's Employer: _____

Personal Bank: _____ Spouse's SSN: _____

Name: _____ Position/Title: _____ % Ownership: _____

Home Address: _____
(Street, City, State & Zip Code)

SSN: _____ Date of Birth _____ Home Phone: _____

Spouses Name: _____ Spouse's Employer: _____

Personal Bank: _____ Spouse's SSN: _____

Name: _____ Position/Title: _____ % Ownership: _____

Home Address: _____
(Street, City, State & Zip Code)

SSN: _____ Date of Birth _____ Home Phone: _____

Spouses Name: _____ Spouse's Employer: _____

Personal Bank: _____ Spouse's SSN: _____

Name: _____ Position/Title: _____ % Ownership: _____

Home Address: _____
(Street, City, State & Zip Code)

SSN: _____ Date of Birth _____ Home Phone: _____

Spouses Name: _____ Spouse's Employer: _____

Personal Bank: _____ Spouse's SSN: _____

IMPORTANT...(READ CAREFULLY)

Each of the undersigned hereby affirms that the foregoing statements made, and answers given, are the truth and are made to induce the Surety's to execute or procure the execution of surety bonds, and any extension, modification, or renewal thereof, or substitution therefore. Each of the undersigned further affirms that he understands the bond(s) applied for is a credit relationship, and hereby authorizes the Surety, or its authorized agent to gather such credit information as it considers necessary and appropriate for purposes of evaluating whether such credit should be granted.

Dated this _____ day of _____, _____.

By: _____

Title: _____
(President, Partner, Manager/Member, or Proprietor)

By: _____

Title: _____
(Corporate Secretary, Vice President, Manager/Member or Partner)

FINANCIAL STATEMENT

Agent _____

Bond No. _____

Use of company financial statement forms is not mandatory. They are made available as guides to the type of information needed. Signed statements on comparable bank forms, or on your accountant's letterhead, are equally acceptable under most circumstances. Fiscal or year end statements are preferred. Schedules should be completed where they are meaningful. When in doubt, ask your agent about the company's specific requirements for the type of credit which you need.

Financial statement of _____

(Name)

(Street Address, City, State, ZIP)

Applicant's Social Security No.: _____ Spouse's Social Security No.: _____

FINANCIAL CONDITION AS OF _____, 20 _____

ASSETS	AMT(S) ONLY	LIABILITIES	AMT(S) ONLY
Cash on Hand		NOTES PAYABLE TO BANKS	
Cash in following Banks (name & address):		name & address):	
.....		
.....			
STOCKS AND BONDS		OTHER NOTES AND ACCOUNTS PAYABLE	
Listed (Schedule 1).....		Real Estate Loans (Schedule 4).....	
Unlisted (Schedule 1).....		Sales Contracts & Sec. Agreements (Schedule 5).....	
		Loans on Life Insurance Policies (Schedule 6).....	
REAL ESTATE		TAXES PAYABLE	
Improved (Schedule 4).....		Current Year Income Taxes Unpaid.....	
Unimproved (Schedule 4).....		Prior Year Income Taxes Unpaid.....	
Trust Deeds & Mortgages (Schedule 3).....		Real Estate Taxes Unpaid.....	
LIFE INSURANCE		OTHER LIABILITIES	
Cast Surrender Value (Schedule 6).....		Unpaid Interest.....	
		Other (Itemize).....	
		
ACCOUNTS AND NOTES RECEIVABLE		TOTAL LIABILITIES	
Relatives and Friends (Schedule 2/3).....			
Other (Schedule 2/3).....			
Doubtful (Schedule 2/3).....			
		NET WORTH	
OTHER PERSONAL PROPERTY			
Automobile (Schedule 5).....			
Other (Itemize, Schedule 5).....			
TOTAL		TOTAL	
ANNUAL INCOME	(Refer to Federal Income Tax Returns for Previous Year)	ANNUAL EXPENDITURES	(Refer to Federal Income Tax Returns for Previous Year)
SALARY OR WAGES.....		PROPERTY TAXES AND ASSESSMENTS.....	
DIVIDENDS AND INTEREST.....		FEDERAL AND STATE INCOME TAXES.....	
RENTALS (GROSS).....		REAL ESTATE LOAN PAYMENTS.....	
BUSINESS OR PROFESSIONAL INCOME (NET).....		PAYMENTS ON CONTRACTS & OTHER NOTES.....	
OTHER INCOME (DESCRIBE).....		INSURANCE PREMIUMS.....	
.....		ESTIMATED LIVING EXPENSES.....	
.....		OTHER.....	
TOTAL INCOME		TOTAL INCOME	

To assist the Surety in its evaluation of the above Statement, I hereby certify that all material facts relating to the following conditions are set forth in the attached exhibit(s) incorporated herein by reference: Contingent liabilities as endorser, co-maker or guarantor \$ _____
 Contingent liabilities on leases or contracts \$ _____; pledge or hypothecation of assets \$ _____;
 Legal Claims \$ _____; Tax Liens \$ _____

(S) _____

CONFIDENTIAL

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value
TOTAL				\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What Is It Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name Of	Market Value	Cost	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL			\$	\$	\$	\$

5. EQUIPMENT

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
TOTAL			\$	\$	\$

6. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement.

Dated _____, 20____

SIGNATURE: _____

ANALYSIS AND STATUS OF CONTRACTS

CONTRACTOR:

Date:

		A	B	C	D	E
	JOB DESCRIPTION & LOCATION	CONTRACT PRICE	ORIGINAL PROFIT	BILLED TO DATE	COSTS TO DATE	COST TO COMPLETE
1						
2						
3						
4						
5						
6						
7						
8						
13						
14						
15						
16						
17						
18						
19						
20						
PAGE 1 TOTAL		\$ -	\$ -	\$ -	\$ -	\$ -

CONTRACTS COMPLETED SINCE LAST REPORT

	JOB DESCRIPTION	FINAL PRICE	TOTAL COST	PROFIT (LOSS)	G.P. %
1				-	
2				-	
3				-	
4				-	
5				-	
6				-	
7				-	
8				-	
9				-	
TOTALS		-	-	-	