

# ***J.R. OLSEN BONDS & INSURANCE BROKERS, INC.***

CA Broker/Agent Lic. #0680914

## **BID / CONTRACT / PERFORMANCE BONDS**

Thank you for giving *J. R. Olsen Bonds & Insurance Brokers, Inc.* the opportunity to underwrite your account for bonding credit. Please use the enclosed kit, to apply for **BID, PERFORMANCE, PAYMENT, MAINTENANCE & SUPPLY BONDS**. In order to be responsive to your needs, we have streamlined our procedures to provide you with the quickest response. The following items are required to process your request:

1. **Contractor's Questionnaire** (Please Type, application enclosed) attached.
2. **Bank Verification Letter**, on Bank Letterhead verifying average and current balances, and current lines of credit (sample enclosed). This must be signed by a Bank Representative.
3. **Two (2) Fiscal Year End Financial Statements** on the Business and Affiliated Companies, prepared by a Certified Public Accountant (if more than six (6) months old an interim statement is needed). The CPA must be informed that it should be prepared - On a Percentage of Completion basis.
4. **Personal Financial Statements** on all owners, Partners and Stockholders owning ten (10) percent or more of outstanding Stock. Cash, Marketable securities must be verified (Bank or Broker statement is preferred) attached.
5. **Status of Contracts** - Current Work in Progress (form attached).
6. **Copy of contract – Award Letter**
7. **Contract Bond Request Form** (If Bid Bond or Final Bond is required) attached.
8. **Articles of Incorporation.**
9. **Resumes on all key personnel** (sample enclosed)
10. **Current Insurance Certificate.** For HazMat Contractors please include copy of policy.

***\* If you are Certified as a Minority please include your Certificate.***

**Thank You for choosing J. R. Olsen Bonds & Insurance Brokers, Inc.**

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## CONTRACTOR'S SURETY QUESTIONNAIRE

The purpose of the Contractor's Surety Questionnaire is to develop sufficient information to assist the under writer 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 an additional page.

### GENERAL BUSINESS INFORMATION:

COMPANY NAME (as licensed):

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STREET ADDRESS:

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(Street, City, State & Zip Code)

MAILING ADDRESS:

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(Post Office Box, City, State & Zip Code)

BUS. PHONE: ( ) - - FED ID NO: - -

DATE BUSINESS STARTED: / /

TYPE OF FIRM: { } CORPORATION { } PARTNERSHIP { } PROPRIETORSHIP

Type of construction work performed:

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

<u>STATE</u>	<u>LICENSE NO.</u>	<u>CLASSIFICATION - TYPE OF WORK</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

- How much of you work is performed as a: GENERAL: \_\_\_\_\_%  
SUBCONTRACTOR: \_\_\_\_\_%
- What percentage of you 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 the average job size? \$ \_\_\_\_\_.
- What was the largest project completed by your company? \$ \_\_\_\_\_.  
Date Completed (mo./year) \_\_\_\_/\_\_\_\_
- Who were you under contract on this project? (Name, Address, Phone Number, Person to contact)?  
\_\_\_\_\_
- Project NAME, NUMBER, & LOCATION: \_\_\_\_\_
- What are your anticipated bond needs for the next 12 months?  
Single Bond Amount: \$ \_\_\_\_\_ No. of Jobs at one time: \_\_\_\_\_
- What is the largest job you expect to undertake during the next year? \$ \_\_\_\_\_

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13. What is you expected annual volume for next year? \$ \_\_\_\_\_
14. 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: \_\_\_\_\_.
15. What percentage of you inventory is held for:  
JOBS IN PROGRESS: \_\_\_\_\_% HELD FOR RETAIL: \_\_\_\_\_%  
HELD FOR WHOLESALE: \_\_\_\_\_% SALVAGE FROM PRIOR JOBS: \_\_\_\_\_%
16. Avg. # of employees: \_\_\_\_\_. Avg. # of work crews: \_\_\_\_\_. Avg. # on each crew: \_\_\_\_\_.  
Total # of office staff: \_\_\_\_\_, Positions: \_\_\_\_\_
17. List key personnel: (officers, estimators, bookkeepers, foremen, supervisors, etc.)

<u>NAME</u>	<u>POSITION</u>	<u>D.O.B.</u>	<u>YRS.EXPER.</u>	<u>PREVIOUS EMPLOYER</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. 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: _____	_____	\$ _____

19. 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? \_\_\_\_\_

20. Are there any loans due from the owners and/or employees of the company? YES \_\_\_\_ NO \_\_\_\_
21. Has your firm or any of its owners or officers ever petitioned for bankruptcy? YES \_\_\_\_ NO \_\_\_\_  
failed in business or defaulted on any project? (if yes attach full description)
22. Is your firm or any of its owners or officers currently involved in any litigation? YES \_\_\_\_ NO \_\_\_\_
23. List any subsidiaries and affiliates of this firm:

<u>FIRM NAME</u>	<u>OWNERSHIP</u>	<u>TYPE OF BUSINESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

# J.R. OLSEN BONDS & INSURANCE BROKERS, INC.

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## FINANCIAL INFORMATION

### **BANKING:**

Name of Bank: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

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

\_\_\_\_\_  
(Street, City, State & Zip Code)

Years with this bank: \_\_\_\_\_, Account Numbers: \_\_\_\_\_

Have you established a Line Of Credit? \_\_\_\_\_ If yes, Amount \$ \_\_\_\_\_,

Date Estab. \_\_\_\_/\_\_\_\_

Security on LOC: \_\_\_\_\_, Bank Officer: \_\_\_\_\_

(Attach copy of Credit/Loan Agreement)

### **ACCOUNTING:**

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 \_\_\_\_\_

On what basis are taxes paid? % OF COMPLETION \_\_\_\_\_ COMPLETED CONTRACT \_\_\_\_\_ CASH \_\_\_\_\_

What is your FISCAL YEAR-END? \_\_\_\_\_. How often are financial statements prepared? \_\_\_\_\_

**(attach last 3 fiscal year-end business financial statements)**

Have operations been profitable since last statement date? YES \_\_\_\_\_ NO \_\_\_\_\_

Have stockholders elected Sub "S" filing status for the corporation? YES \_\_\_\_\_ NO \_\_\_\_\_

(If yes, attach copies of personal income tax returns for last 3 years)

Are job cost records kept? YES \_\_\_\_\_ NO \_\_\_\_\_

How often are they reviewed? \_\_\_\_\_. By Whom? \_\_\_\_\_

How often are they updated? \_\_\_\_\_. Do they show job detail \_\_\_\_\_ (Attach sample copies)

### **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: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Years with this Surety Company: \_\_\_\_\_ Name of Surety Underwriter: \_\_\_\_\_

Largest project bonded with this Surety Company: \$ \_\_\_\_\_ When (mo./yr.): \_\_\_\_/\_\_\_\_

List insurance coverage currently in effect: \_\_\_\_\_ Limits in 000's

	<u>BI</u>	<u>PD</u>	<u>CARRIER</u>	<u>EXPIRATION DATE</u>
General Liability	\$ _____	\$ _____	_____	_____
Auto Liability	\$ _____	\$ _____	_____	_____
Umbrella	\$ _____	\$ _____	_____	_____
Owners Protection	\$ _____	\$ _____	_____	_____
Completed Operations	\$ _____	_____	_____	_____
Equipment Floater	\$ _____	_____	_____	_____

# J.R. OLSEN BONDS & INSURANCE BROKERS, INC.

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## CONTRACTOR REFERENCES

### LIST THE 5 LARGEST PROJECTS COMPLETED IN THE LAST 3 YEARS:

1. Owner or G.C. \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Project Name & No.: \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_ Yr. Completed \_\_\_\_\_  
Description & Location of Work: \_\_\_\_\_  
\_\_\_\_\_

2. Owner of G.C. \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Project Name & No.: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_ Yr. Completed \_\_\_\_\_  
Description & Location of Work: \_\_\_\_\_  
\_\_\_\_\_

3. Owner of G.C. \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Project Name & No.: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_ Yr. Completed \_\_\_\_\_  
Description & Location of Work: \_\_\_\_\_  
\_\_\_\_\_

4. Owner of G.C. \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Project Name & No.: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_ Yr. Completed \_\_\_\_\_  
Description & Location of Work: \_\_\_\_\_  
\_\_\_\_\_

5. Owner of G.C. \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Project Name & No.: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_ Yr. Completed \_\_\_\_\_  
Description & Location of Work: \_\_\_\_\_  
\_\_\_\_\_

### LIST YOUR 5 LARGEST MATERIAL SUPPLIERS:

1. Supplier Name: \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
2. Supplier Name: \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
3. Supplier Name: \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
4. Supplier Name: \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
5. Supplier Name: \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### LIST 3 ARCHITECTS OR ENGINEERS WHO ARE FAMILIAR WITH YOUR WORK:

1. Firm Name: \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
2. Firm Name: \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
3. Firm Name: \_\_\_\_\_ Person to Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

# J.R. OLSEN BONDS & INSURANCE BROKERS, INC.

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## 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 Legal Name: \_\_\_\_\_ Spouses S.S.#: \_\_\_\_\_

Personal Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

(Street, City, State & Zip Code)

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Spouses Legal Name: \_\_\_\_\_ Spouses S.S.#: \_\_\_\_\_

Personal Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

(Street, City, State & Zip Code)

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Spouses Legal Name: \_\_\_\_\_ Spouses S.S.#: \_\_\_\_\_

Personal Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

(Street, City, State & Zip Code)

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Spouses Legal Name: \_\_\_\_\_ Spouses S.S.#: \_\_\_\_\_

Personal Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

(Street, City, State & Zip Code)

### **IMPORTANT....(Read Carefully)**

Each of the undersigned hereby affirms that foregoing statements made, and answers given, are the truth and are made to induce the Surety 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 agent, J.R. OLSEN BONDS & INSURANCE BROKERS, INC., 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 \_\_\_\_\_, 20 \_\_\_\_\_.

BY: \_\_\_\_\_ BY: \_\_\_\_\_

(President, Partner, or Proprietor)

(Corporate Secretary, Vice President or Partner)

**ADDITIONAL INFORMATION MAY BE REQUIRED, YOU WILL BE ADVISED!**

# ***J.R. OLSEN BONDS & INSURANCE BROKERS, INC.***

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## **BUSINESS PLAN REQUIREMENTS**

Surety companies today now require a "Business Plan" on each new applicant for Surety Bond Credit. The plan can range from a sophisticated set of projections to a simple narrative from the contractor. We suggest a letter on your letterhead commenting on these areas:

- 1) Brief overview of your company's history:
  - a) When, how and why was the company formed?
  - b) What were your original goals-have they been met?
  - c) What kind of work do you do exactly-what work do you customarily do yourselves-what trades do you customarily subcontract out?
  - d) What percentage of your work do you do as a general contractor-what trades do you customarily subcontract out?
  - e) What percentage of your work is public work-what percentage is private work?
  
- 2) Brief summary of the company's growth to date:
  - a) How do you plan to maintain your growth?
  - b) What volume do you anticipate over the next 12 month - 3 years - 5 years? (Be conservative and realistic).
  - c) What is the dollar amount of the largest single project ever completed - when was it completed?
  - d) What was the dollar amount of the largest work on hand (to complete) in the last 3 years-when-how many projects were you working on?
  
- 3) Outline your organization's manpower/structure:
  - a) Who are your key employees?
  - b) What are their responsibilities?
  - c) How long have they been with your organization - been in the industry?
  - d) What are their strengths?
  
- 4) What continuity provisions do you have in place for the company:
  - a) Who will complete current projects should something happen to the owners and/or other key employees?
  
- 5) Explain any prior year end losses and what you plan to do to prevent them from happening again. Explain any litigation the company has been involved in in the last 5 years.

**If you have financial projections or other information you feel would enhance your case, you may include that information as well.**

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## RESUME

NAME: \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Street, City, State & Zip Code)

### PERSONAL DATA:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Drivers License #: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouses Name: \_\_\_\_\_  
Spouses S.S.#: \_\_\_\_-\_\_\_\_-\_\_\_\_

### EDUCATION:

Did you graduate high school? YES \_\_\_\_\_ NO \_\_\_\_\_  
College: 19\_\_\_\_ to 19\_\_\_\_ Name of School: \_\_\_\_\_  
Courses studied: \_\_\_\_\_  
Special education relating to current business activity or employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BUSINESS & PROFESSIONAL EXPERIENCE:

(Indicate: Firm Name, Length of Time Employed, Occupation/Position, Reason for Leaving and, if construction related, largest project you were involved in)

NO. OF YEARS WITH CURRENT EMPLOYER: \_\_\_\_ NO. OF YEARS IN THIS INDUSTRY: \_\_\_\_

### Prior Employment:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Company: \_\_\_\_\_  
Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Company: \_\_\_\_\_  
Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Company: \_\_\_\_\_  
Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Company: \_\_\_\_\_  
Position: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

### PROFESSIONAL REFERENCES: (Name, Address, Phone Number, Length of Time Aquatinted)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: This sample letter must be supplied to your banker. This outline must be followed and all current balances and average balances must be indicated in actual dollar amounts. Should your banker have any questions, please have him/her contact our home office at Toll Free (800) 452-7121.**



# ***J.R. OLSEN BONDS & INSURANCE BROKERS, INC.***

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## **SAMPLE BANK LETTER BANK LETTERHEAD**

DATE:

J.R. OLSEN BONDS & INSURANCE BROKERS, INC.  
7407 Topanga Canyon Blvd.  
Canoga Park, CA 91303

### **RE: BANK RELATIONS/MR. JOHN DOE AND ABC CONSTRUCTION COMPANY**

Mr. John Doe originally opened his accounts with this institution on DATE and maintains the following accounts:

BUSINESS CHECKING ACCOUNT: Acct #000000000-1; CURRENT BALANCE=  
\$10,245.00; 6 mo. avg. Balance= \$18,700.00

BUSINESS CHECKING ACCOUNT: Acct #000000000-2; CURRENT BALANCE=  
\$30,876.00; 6 mo. avg. Balance= \$32,500.00

PERSONAL CHECKING ACCOUNT: Acct #000000000-3; CURRENT BALANCE=  
\$9,624.00; 6 mo. avg. Balance= \$3,200.00

PERSONAL SAVINGS ACCOUNT: Acct #100000000-1; CURRENT BALANCE=  
\$12,900.00; 6 mo. avg. Balance= \$10,400.00

Certificate of Deposit in the name of John Doe or Jane Doe: No. 666666-1;  
Amount= \$50,000.00;

Term= 1 year; Opened - 11/30/90; matures - 11/30/90; AUTOMATICALLY RENEWABLE

Mr. Doe also maintains a Revolving line of Credit in the name of ABC Construction Company for working capital. AMOUNT = OPENED - 6/12/91; EXPIRATION - 6/12/96; SECURITY - Trust Deed on 123 Elm St., Anytown, USA and personal guarantee of Mr. & Mrs. Doe; TERMS - 2% over banks prime rate but not less than 9%; CURRENT AMOUNT OUTSTANDING = \$22,670.00

Mr. Doe has conducted all of his relationships in a very satisfactory manner and is on of our most valued customers.

Very Truly Yours,

By: (Bank Officer)  
Typed name and title

# *J.R. OLSEN BONDS & INSURANCE BROKERS, INC.*

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## CONTRACT BOND REQUEST FORM

BID \_\_\_\_\_ FINAL \_\_\_\_\_ DOT Y\_\_\_\_ N\_\_\_\_\_

Date: \_\_\_\_\_ Underwriter: \_\_\_\_\_

Principal: \_\_\_\_\_

Obligee: \_\_\_\_\_

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

Bid Date & Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ Est. Contract Price: \$\_\_\_\_\_ Bid Bond %: \_\_\_\_\_

Job Description: \_\_\_\_\_

Contract No. \_\_\_\_\_ Project Manager: \_\_\_\_\_ Ph.#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Location: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

% Performance: \_\_\_\_\_ %Labor & Material: \_\_\_\_\_

Start Date: \_\_\_\_\_ Comp. Date: \_\_\_\_\_ Time to Complete: \_\_\_\_\_

Length of Warranty: \_\_\_\_\_ Penalties: \$\_\_\_\_\_/Per Day

Bid Spread: 1<sup>st</sup>-\_\_\_\_\_ 2<sup>nd</sup>-\_\_\_\_\_ 3<sup>rd</sup>-\_\_\_\_\_

### Please include a copy of the contract & award letter with your request.

Note: if you are a low bidder by more than 10%, please include a written bid explanation and a copy of your cost breakdown.

### List all surety bonds including outstanding low bid bonds

Bond #	Eff. Date	Bond Amount	Cont. Amount	Amt. Uncompleted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total -			_____	_____

Total Uncompleted Work On Hand Unbonded: \$\_\_\_\_\_

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## WORK IN PROGRESS REPORT

PERIOD ENDING:

Description of uncompleted contracts	Bonded (Y,N)	1	2	3		4	5	6
		Estimated Completion Date	Total Revised Contract Price (including change orders)	Original Estimate of Gross Profit	Original Gross Profit %	Total Amount Billed to Date (including retainage)	Cost Incurred To Date	Estimated Cost to Complete
					3/2			
		<b>TOTALS</b>						

# J.R. OLSEN BONDS & INSURANCE BROKERS, INC.

CA Broker/Agent Lic. #0680914 ~ E-mail: [jrolsen@jrolsenbonds.com](mailto:jrolsen@jrolsenbonds.com)

7407 Topanga Canyon Blvd., Canoga Park, CA 91303

Tel: (818)227-2620 ~ FAX: (818) 227-2628

## PERSONAL FINANCIAL STATEMENT

AS OF \_\_\_\_\_, 20 \_\_\_\_\_

**NOTE: This form is to be used for PERSONAL FINANCIAL STATEMENTS only. NOT TO BE USED FOR BUSINESS STATEMENTS**

PERSONAL FINANCIAL STATEMENT OF:

NAME \_\_\_\_\_ S.S. NO. \_\_\_\_\_ D.O.B. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ S.S. NO. \_\_\_\_\_ D.O.B. \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CURRENT ASSETS	CURRENT LIABILITIES	
Cash on hand (not in bank) .....	Notes payable to (names and addresses):	
Cash In following banks (names and addresses):	.....	
.....	.....	
.....	Sales contracts & chattel mtgs. (Sch 6) .....	
Stocks and bonds (Schedule 1) .....	Accounts payable .....	
Accounts receivable (Schedule 2) .....	Current portion of long term debt .....	
Notes receivable .....	Other current liabilities (Schedule 6) .....	
Other current assets (Itemize):	.....	
.....	.....	
.....	Current year's income taxes unpaid .....	
.....	Prior year's income taxes unpaid .....	
.....	Real estate taxes unpaid .....	
<b>TOTAL CURRENT ASSETS</b>	<b>TOTAL CURRENT LIABILITIES</b>	
FIXED ASSETS	LONG TERM LIABILITIES	
Real estate (Schedule 4):	Real estate debt (Schedule 4):	
Residence .....	Residence .....	
Other .....	Other .....	
Cash value of life Insurance (Schedule 5): .....	Borrowed on life insurance (schedule 5):.....	
Other assets and Investments (Schedule 6):	Other long term debt (Schedule 6):	
.....	.....	
.....	.....	
.....	<b>TOTAL LONG TERM LIABILITIES</b>	
<b>TOTAL FIXED ASSETS</b>	<b>NET WORTH</b>	
<b>TOTAL ASSETS</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	

CONTINGENT LIABILITIES FOR ENDORSEMENTS OR GUARANTEES \$ \_\_\_\_\_ FOR OTHER PURPOSES \$ \_\_\_\_\_

GIVE DETAILS \_\_\_\_\_

**SCHEDULE 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	Book value

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

**SCHEDULE 2. ACCOUNTS RECEIVABLE**

Name and address (street and city) from whom due	For what is it due	When sold	When due	Amount

TOTALS \$ \_\_\_\_\_

**SCHEDULE 3. NOTES RECEIVABLE**

Name and address (street and city) from whom due	For what due	How secured	Date	Maturity	Amount

TOTALS \$ \_\_\_\_\_

**SCHEDULE 4. REAL ESTATE**

Description of property	Title in name of	Market value	Cost	DATE acquired	Amount encumbrance	Monthly payments	Monthly income

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**SCHEDULE 5. LIFE INSURANCE - CASH VALUE**

Name of company	Policy number	Name of Insured	Beneficiary	Face value	Cash value	Amount borrowed

**SCHEDULE 6. DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES**

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Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish J.R. Olsen Bonds & Insurance Brokers, Inc. upon request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

SIGNED AND SEALED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

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