General Service Company

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(831) 685 3215 VOICE
(831) 685 2715 FAX
Email Adress: Joe-Ferrante@Comcast.net
Website: www.GeneralServiceCo.com

Bid and Performance Bonds

We appreciate this opportunity to consider providing bid and performance bonds for your company. To speed up the application process, please give special attention to filling out all questions as completely as possible. Please provide all phone numbers and fax numbers requested. The bond company will contact the references that you have provided. Leaving phone numbers out will delay a decision concerning your bond request.

Even though bonds are issued by insurance companies through their agents, they are quite different from insurance transactions in at least one major respect. In order for your company to obtain a bond, owners and their wives must sign a general indemnity agreement as an indemnitor. Among other things, this general indemnity agreement provides that, should the insurance company pay any money out because of a claim, on the bond, each individual indemnitor is legally bound to reimburse the insurance company for all of its expenditures.

Required Information

1. A simplified Application/Questionnaire (Enclosed).
2. Latest fiscal year end financial statement of the company plus an interim statement if the year end is more than six months old. CPA prepared financial statements are not required but the financial statement should be coherent. (Form enclosed if needed.)
3. Please complete the Balance Sheet Schedules for your financial statement.
4. Current personal financial statements of the owner(s). (Form enclosed if needed.)
5. Copy of your last IRS completed tax return. (Schedule C for proprietorship.)
6. A completed Work In Progress Schedule. (Form enclosed if needed.)
7. Copies of current bank statements/broker statements for company and personal ac counts.
8. A copy of the invitation to bid or a copy of the contract with any required bond forms.

Premium Rates:

Each insurance company files their rates with the California Department of Insurance. Premiums are charged when performance and payment bonds are required. Premium rates start at 3% of the contract price of the job to be bonded. Lower rates are available depending on your individual qualification. If you are requesting a bid bond, bond companies will charge an Annual Bid Bond Service Fee of $150.00 for account setup and for all bid bonds issued over a year.

General
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QUESTIONNAIRE FOR CONTRACT BONDING

INSTRUCTIONS: This form must be completed by first time applicants and those applicants who have not completed this form wthin one year.

Phone: 1-831-685-3215
FAX: 1-831-685-2715
E-Mail: Joe-Ferrante@Comcast.net

1. Company _____
   The company name is the entity for which bonding is requested and must be its legal name.
2. Company Address _____
   City _____ State _____ Zip _____
   Co. Phone No.(____) _____ Co. Fax No. (____) _____ E-Mail _____
3. How Long in business? _____ If incorporated, incorporation date _____ _____/ _____ State _____
4. Subsidiaries or Affiliates: _____
5. List all owners, officers and/or partners of the company:

Name _____	Name _____
Title _____ %Ownership _____	Title _____ %Ownership _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone # _____	Home Phone # _____
SS# _____	SS# _____
Spouse Name _____	Spouse Name _____
SS# _____	SS# _____

6. Key Employees (i.e. Estimators, Project Managers, etc..)

_____
_____
_____

7. List the three largest contracts completed in the last five years:

Owner	Kind of work and location	Contact person/ Phone Number & Fax Number	Approximate Contract Price	Year Completed	Final Gross Profit

8. a. List the two largest jobs you presently have underway, giving the following information:

Owner	Kind of work and location	Contact person/ Phone Number & Fax Number	Contract Price	Percent Completed	Date to be Completed

   b. Total Uncompleted Work On Hand $ _____

   c. Do you have any receivables, as of this date, over 60 days? Yes_____ No____. If yes, give details.

9. List the major suppliers and subcontractors with whom you have done business within the last 12 months:

Name of Account Payable	Amount Owed	% Over 60 Days	Contact Person Phone Number & Fax Number

10. List names, phone numbers and fax numbers of architects and engineers familiar with your work (If a subcontractor, list general contractors):

_____

_____

_____

11. Attorney's name _____ Phone (____) _____ Fax (____) _____
Accountant's name _____ CPA? _____ Phone (_____) _____ Fax (_____) _____
Fiscal Year End_____Basis of financial statements: __Cash__Completed Job__Accrual__% of completion

12. Liability Insurance Company _____ Agent's Name _____
Expiration Date _____ Agent's Phone (____) _____ Agent's Fax(____) _____

13. Operations

a. Type of work you perform: _____
b. Trades performed in house: _____
c. Trades subcontracted: _____
d. What percentage of an average job is Labor? _____ Material? _____ Subcontracted? _____
e. Do you have adequate equipment? _____ Yes _____ No _____ Owned _____ Leased
f. Territory (present and planned) _____
g. Largest work on hand in the past $ _____ Year _____ No. Jobs _____
h. Average job size $ _____ Average total work in hand $ _____
i. Bonding capacity desired: single job size $ _____ Total work on hand $ _____

14. Disputes, Financial Difficulties, Problems, Etc.

	Company	Any officer, owner or partner
a. Failed in business or declared bankruptcy?	Yes __No __	Yes __ No __
b. Failed to complete a job or been assessed with delay damages?	Yes __No __	Yes __ No __
c. Been in claim with a Surety?	Yes __No __	Yes __ No __
d. Been involved in any lawsuits in the last 5 years?	Yes __No __	Yes __ No __
e. Been involved in any disputes in the last 5 years?	Yes __No __	Yes __ No __
f. Been delinquent in payment of any taxes?	Yes __No __	Yes __ No __
g. Do you have any corporate or personal assets held in trust or escrow accounts?	Yes __No __	Yes __ No __
h. Are any business or personal assets restricted or pledged for any purpose (i.e. collateral for a loan, etc.)?	Yes __No __	Yes __ No __
i. Bonded or declined bonding in last three years?	Yes __No __	Yes __ No __

Explain all "yes" answers fully below or attach explanation

_____

_____

_____

15. There have____or have not____been **IMPORTANT CHANGES** since the date of the last financial statement.* If there have been IMPORTANT CHANGES, a copy of the last financial statement with notes explaining the **IMPORTANT CHANGES** must be attached, and the notes must be signed by an owner or officer of the company.

*__IMPORTANT CHANGES__ that must be reported air changes exceeding 25% in the following categories: net worth, cash, accounts receivable, inventory, accounts payable, notes payable and taxes due.

The following statement must be signed by an owner or officer of the company for which bonding is being requested.

I acknowledges that all information is complete and correct and is given to induce the insurance company to execute surety bonds. I understand that false information may constitute misrepresentation or fraud. I authorize you to investigate the credit, character, capacity and capital of the company and its employees and owners for bonding purposes.

Date _____ Signature and Title _____

General Service Company

BUSINESS FINANCIAL STATEMENT

THESE ARE YOUR ASSETS & LIABILITIES CONSIDERED TO BE DEDICATED TO YOUR CONSTRUCTION BUSINESS.

Phone: 1-831-685-3215
FAX: 1-831-685-2715
E-Mail: Joe-Ferrante@Comcast.net

Business Name and Business Address

Statement of Assets and Liabilities
as of _____ 20 _____
(Insert date, otherwise statement will be returned)

[ ] Individual
[ ] Partnership
[ ] Corporation

ASSETS			LIABILITIES		
CASH IN BANK	A.	$	DUE TO BANKS	B.	$
CASH ON HAND		$	FEDERAL INCOME TAX		$
STOCKS, BONDS, ETC.	C.	$	ALL OTHER TAXES		$
ACCOUNTS RECEIVABLE	D.	$	ACCOUNTS PAYABLE	E.	$
NOTES RECEIVABLES	G.	$	NOTES PAYABLE	H.	$
INVENTORY		$	DUE ON CREDIT CARDS		$
EQUIPMENT	F.	$	DUE ON EQUIPMENT	F.	$
REAL ESTATE		$	DUE ON REAL ESTATE		$
OTHER ASSETS		$	PAYROLL TAXES		$
		$	OTHER LIABILITIES		$
		$	TOTAL LIABILITIES		$
		$	CAPITAL STOCK (IF ANY)		$
		$	OWNERS EQUITY & PROFITS		$
TOTAL ASSETS		$	TOTAL LIABILITIES & OWNERS EQUITY		$

Profit or Loss from Business For The Period Beginning

_____ 20 _____

And Ending

_____ 20 _____

Gross Sales From Construction Activities. ..... $ _____
LESS: Cost of Goods Sold ..... $ _____
Gross Profit ..... $ _____
LESS: Overhead Expenses ..... $ _____
Income form Operations ..... $ _____
LESS: Federal Taxes Paid to date. ..... $ _____
LESS: Reserve for Taxes for current year ..... $ _____
Net Profit or Loss ..... $ _____
If No Provision has been Made for Federal Taxes .....
For Current Year, State Estimated Amount ..... $ _____

REVERSE SIDE MUST BE COMPLETED

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BALANCE SHEET SCHEDULES

To better understand the numbers in your balance sheet, please provide the following information.

Phone: 1-831-685-3215
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A. List your company's current bank information & attach a copy of your most current bank statement(s).

Bank	Phone No.	Bank Officer	Acct. No.	Amount on Deposit or in CD's

B. Bank Line of Credit established $ _____ Current Portion Borrowed $ _____
Secured by _____

C. Please attach a copy of your last broker statement to verify any stocks and bonds.

D. List the five largest account receivable as of the date of the balance sheet, giving the following information.

Name of Account Receivable	Project Numbers	Amount Owed You	% over 60 days	Person who knows your account and phone number

E. List the five largest account payable as of the date of the balance sheet, giving the following information.

Name of Account Payable	Amount Owed	% over 60 days	Person who knows your account and phone number

F. List the 5 largest pieces of equipment that you have encumbranced.

Description	Purchase Price	Depreciation charged off	Book value	Encumbrances	Monthly Payable

G. Notes Receivable

From Whom Due	Amount	Due Date

H. Notes Payable

To Whom Due	Amount	Due Date

If Not Sufficient Space, Attach Separate Schedules

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PERSONAL FINANCIAL STATEMENT

THESE ARE THE ASSETS & LIABILITIES CONSIDERED TO BE PERSONAL AND NOT PART OF YOUR BUSINESS.

Phone: 1-831-685-3215
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E-Mail: Joe-Ferrante@Comcast.net

Complete this form for (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of the voting stock, or (4) any person or entity providing a guaranty on the bond.

Name | Business Phone

Residence Address | Residence Phone

City, State & Zip Code

Business Name of Applicant/Indemnitor

ASSETS	(OMIT CENTS)	LIABILITIES	(OMIT CENTS)
Cash on hand & in Banks	$	Accounts Payable	$
Savings Accounts	$	Notes Payable to Banks and Others (Decribe in Section 2)	$
IRA or Other Retirement Accounts	$	Installment Accounts (Auto)	$
Accounts & Notes Receivable	$	Mo. Payments	$
Life Insurance- Cash Surrender Value Only (Complete Section 8)	$	Installment Accounts {Other)	$
Stocks and Bonds (Describe in Section 3)	$	Mo. Payments	$
Real Estate (Describe in Section 4)	$	Loan on Life Insurance	$
Automobile - Present Value	$	Motgages on Real Estate (Describe in Section 4	$
Other Personal Property (Complete Section 5)	$	Unpaid Taxes (Decribe in Section 6)	$
Other Assets (Describe in Section 5)	$	Other Liabilities (Decribe in Section 7)	$
		Total Liabilities	$
		Net Worth	$
Total	$	Total	$

Section 1. Source of Income		Contingent Liabilities	
Salary	$	As Endorser or Co-Maker	$
Net Investment Income	$	Legal Claims & Judgements	$
Real Estate Income	$	Provision for Federal Income Tax	$
Other Income (Describe below)	$	Other Special Debt	$

Description of Other Income in Section 1

Section 2 Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or endorsed Type of Collateral

Section 3 Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/exchange	Total Value

Section 4. Real Estate and Mortgages (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Personal Property & Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in Detail.)

Section 8. Life Insurance Held. (Give Face amount and cash value of policies - name of insurance company and beneficiaries.)

I authorize Surety/SBA to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining surety credit. I understand FALSE statements, may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General.

Signature: Date: Social Security Number:

Signature: Date: Social Security Number:

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SCHEDULE OF UNCOMPLETED WORK

Phone: 1-831-685-3215
FAX: 1-831-685-2715

NAME AND ADDRESS OF CONTRACTOR

STATUS OF UNCOMPLETED CONTRACTS AS OF _____ , 20 _____

1	2	3	4	5	6	7	8	9	10
Contract Description And Loacation	Start Date	Com-pletion Date	Bonded Y/N	Job Number	Contract Price In-cluding Approved Change Orders	Original Estimated profit	Total Amoun Billed to date Including Retention	Costs to date	Estimated Cost to Complete
				TOTAL					

A) Are you anticipating any projects or are you currently negotiating any jobs not listed above? _____ If yes, please explain ___

_____

_____

_____

B) Do any billings include claims or disputed items? _____ If yes, please explain _____

_____

_____