

Agent/Partner Code: \_\_\_\_\_

# CCP— CONTRACTOR CREDIT PROGRAM ENROLLMENT APPLICATION

Return this form via email to  
Email \_\_\_\_\_  
or Fax to 845-397-1344

## GENERAL COMPANY BACKGROUND

*Please be sure to complete ALL questions & print clearly. Incomplete and/or illegible applications will not be processed.*

1) Company Name \_\_\_\_\_ 2) Email \_\_\_\_\_  
(Exact legal name as it appears on contractor's license)

3) Business Address \_\_\_\_\_  
Street City County State Zip

4) Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_

5) Year Started \_\_\_\_\_ 6) Fed. Tax ID # \_\_\_\_\_ 7) Website \_\_\_\_\_

8) Contractor Specialty:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Carpentry / Millwork        | <input type="checkbox"/> Concrete             | <input type="checkbox"/> Conveying Systems        | <input type="checkbox"/> Doors / Windows / Glass |
| <input type="checkbox"/> Drywall & Finishes          | <input type="checkbox"/> Electrical           | <input type="checkbox"/> Equipment                | <input type="checkbox"/> Excavation / Site Work  |
| <input type="checkbox"/> Furnishings                 | <input type="checkbox"/> HVAC / Mechanical    | <input type="checkbox"/> Landscaping              | <input type="checkbox"/> Masonry                 |
| <input type="checkbox"/> Roofing / Waterproofing     | <input type="checkbox"/> Special Construction | <input type="checkbox"/> Structural / Misc. Steel |  |
| <input type="checkbox"/> Special Trade / Other _____ |   |   |  |

9) Please provide the related business information below:

a) Business Type  Corporation (Sub S Corp? Yes  No )  Partnership  Sole Proprietor  L.L.C.

b) Total number of employees: \_\_\_\_\_

c) Are you a certified:  MBE  WBE  DBE  Other \_\_\_\_\_

d) Do you currently outsource your payroll? Yes  No

If yes, who is your payroll provider? \_\_\_\_\_

If yes, does your payroll provider provide your workers compensation? Yes  No

10) Is there a buy/sell agreement among the owners of the business? Yes  No

If yes, is this agreement funded by life insurance? Yes  No

11) This year's projected annual revenue: \$ \_\_\_\_\_ Prior year's actual annual revenue: \$ \_\_\_\_\_

12) Are you: Union  Non-Union  If Union, complete the following:

a) Name of primary union \_\_\_\_\_

b) Union contact person \_\_\_\_\_ Telephone \_\_\_\_\_

c) Do you owe any unpaid wages, benefits or dues? Yes  No  If yes, amount owed? \$ \_\_\_\_\_

d) Do you have a union Wage & welfare bond in force? Yes  No  If yes, Name of carrier? \_\_\_\_\_

13) Do you have a line of credit? Yes  No  If yes, amount of line? \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount in use \$ \_\_\_\_\_ How Secured? \_\_\_\_\_ Name of Lender \_\_\_\_\_

If secured by accounts receivable, has a UCC been filed? Yes  No

Have the receivables been assigned or factored? Yes  No

14) List the five largest contracts completed in the last five years (please provide a minimum of 3 projects):

Owner/ General Contractor	Type of Work	Location (City/State)	Contract Amount	Completion Date	Final Gross Profit	Contact (Name AND Phone No.)

15) List key personnel to your operations:

Name	Position	Birth Year	Years of Experience	Years with Company

16) Do you currently have a bid bond or final bond need? Yes \_\_\_\_ or No \_\_\_\_?

17) Have you already started work on the project without a bond? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

### BONDING & INSURANCE INFORMATION

18) Has your current or any previous companies ever been bonded? Yes  No

If yes, with which surety companies \_\_\_\_\_

19) Is your company or any of the owners or indemnitors involved in any claims with a surety, including any lawsuits on an indemnity or threat of lawsuits by a surety? Yes  No

If yes, please explain, including current status of claims or lawsuit (use additional sheet if necessary).  
\_\_\_\_\_  
\_\_\_\_\_

20) Has any collateral been deposited with any prior surety? Yes  No  If yes, amount \$ \_\_\_\_\_

Has collateral been released? Yes  No  N/A

### REFERRAL

21) How did you hear about us? Radio  Print/Mailer  Internet Search  Email  Direct Referral  Other  \_\_\_\_\_

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Is this an insurance agent? Yes  No  If yes, Name \_\_\_\_\_ Telephone \_\_\_\_\_

### OTHER

22) Please check yes or no to the following questions:

	Company	Officer or Owner
a. Have there been any changes in ownership control?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Failed in business or declared bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Failed to complete a contract or assessed with delay penalties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Been involved in any litigation in the past 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Been a defendant in any legal action?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Been in claims with a surety?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Are an owner, partner or officer of any other venture?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Are under indictment, on probation or parole, or ever been charged or convicted for a criminal offense?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Have any taxes past due (i.e., payroll, federal or state income taxes, sales taxes)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
j. Have any liens or judgments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Explain all "yes" answers below (use additional sheet if necessary).

\_\_\_\_\_

\_\_\_\_\_

**23) INTERVIEW CONTACT (VERY IMPORTANT)**

We will be contacting you to conduct an interview. Please provide the best contact person and information for us to reach you.

Contact Name \_\_\_\_\_ Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

**24) Please print clearly. All owners / indemnitors and their spouses must sign. A minimum of two individual indemnitors affiliated with the operations of the company are required to qualify for bonding (an owner and spouse is sufficient). An unmarried owner requires a second individual to serve as an indemnitor.**

Full Legal Name _____ Home Address _____ City/State/Zip _____ Email _____ DOB _____ SS# _____ % Ownership _____ Position/Title _____ <b>Signature X</b> _____ Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Name _____ DOB _____ SS# _____ <b>Signature X</b> _____	Full Legal Name _____ Home Address _____ City/State/Zip _____ Email _____ DOB _____ SS# _____ % Ownership _____ Position/Title _____ <b>Signature X</b> _____ Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Name _____ DOB _____ SS# _____ <b>Signature X</b> _____
Full Legal Name _____ Home Address _____ City/State/Zip _____ Email _____ DOB _____ SS# _____ % Ownership _____ Position/Title _____ <b>Signature X</b> _____ Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Name _____ DOB _____ SS# _____ <b>Signature X</b> _____	Full Legal Name _____ Home Address _____ City/State/Zip _____ Email _____ DOB _____ SS# _____ % Ownership _____ Position/Title _____ <b>Signature X</b> _____ Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Name _____ DOB _____ SS# _____ <b>Signature X</b> _____

The above signed hereby affirms that the statements, information and responses contained herein are true and accurate, and are made to induce the Surety to extend surety credit. The applicants and indemnitors authorize the Company, its subsidiaries and affiliates, or sureties, to request and/or verify this information and to obtain additional information as it considers necessary from any source including obtaining a credit report, background and driver's license reports from agencies, now and for all future reviews, extensions, or renewals of surety credit to the undersigned or others. Such information will only be shared with the Company, its affiliates, subsidiaries, sureties or authorized agents for the purposes of underwriting and issuing surety credit to the undersigned or their affiliates.

Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law.

Should the surety discover any material adverse changes to representations made in this application regardless of surety's acceptance of applicant's enrollment into its bonding program, surety and its affiliates reserve all rights to change, alter or withdraw its bonding and related commitments.