



Markel Surety

Agent Submission Checklist

Thank you for the opportunity to earn your business. All of the information on this checklist is mandatory for an initial Contract Bond submission. We strive to deliver great service at every stage of the bonding process, and your thoroughness at this stage ensures faster processing. Here's what we need:

Information Needed:

<input type="checkbox"/>	Last fiscal year-end financial statements on the company. If the fiscal statement is six months old or older, please provide the most current interim statement available. For bonds exceeding \$250,000, please furnish financial statements from last three years.
<input type="checkbox"/>	Complete copy of last Company Tax Return. Provide an individual return if the company is a Sole Proprietorship or Subchapter S. For bonds exceeding \$250,000, please furnish tax returns from last 3 years.
<input type="checkbox"/>	Financial statement on owners (stockholders). If possible, these should be concurrent with the company fiscal statement.
<input type="checkbox"/>	Certificate of insurance
<input type="checkbox"/>	Resume information on key people

Forms Needed:

Please answer each question on the following documents from the Markel Surety web site:

<input type="checkbox"/>	Contractor Bonding Questionnaire Form
<input type="checkbox"/>	Bank Reference Form
<input type="checkbox"/>	Status of contracts
<input type="checkbox"/>	Personal Financial Statement Form
<input type="checkbox"/>	Bid Bond Request Form or Payment & Payment Bond Request Form

Thank you again for the opportunity; we will respond promptly. If you have any questions, please call your Markel Surety underwriter. For the office nearest you, visit markelsurety.com or call (888) 344-3362.



Contractor Bond Questionnaire

General Information

Contractor			
Address			
City		State	
Zip			
Phone Number (include area code)		Federal ID Number	
Type of work done?			
Operates as <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Date Business Began?		Fiscal Year End	
Have you or any principals ever :			
declared bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
been convicted of a crime other than a traffic violation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
been associated with a company that caused a surety a loss?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior or Current Bonding Company?		Largest Bond \$	
Reason for leaving bond company?			
What were your gross annual receipts last fiscal year?			
Largest previous Work Program \$			
Anticipated Amount Of Work (next 12 months)			
What percentage of work is normally sub-contracted?			
What is the company's policy requiring sub-contractors to bond?			
Ownership: Complete on an owner holding 5% or more interest in the company.			
A) Owner's Full Legal Name			
Home Address			
City		State	
Zip		Phone	
% of Ownership %		Drivers License #	
Owner Social Security #			
Spouse's Name		Spouse's Social Security #	

B) Owner's Full Legal Name			
Home Address			
City		State	Zip Phone
% of Ownership %	Drivers License #		Owner Social Security #
Spouse's Name			Spouse's Social Security #
C) Owner's Full Legal Name			
Home Address			
City		State	Zip Phone
% of Ownership %	Drivers License #		Owner Social Security #
Spouse's Name			Spouse's Social Security #
D) Owner's Full Legal Name			
Home Address			
City		State	Zip Phone
% of Ownership %	Drivers License #		Owner Social Security #
Spouse's Name			Spouse's Social Security #
Life Insurance: List all insurance on key personnel.			
INSURED	AMOUNT	BENEFICIARY	INSURER
	\$		
	\$		
	\$		
List largest completed jobs within the past five (5) years.			
A) 1. Type of work			
2. Contract Price \$			Date completed
3. Owner's Name			Phone ()
Address			
City		State	Zip
Architect or Engineer Name			Phone ()

B) 1. Type of work		
2. Contract Price \$		Date completed
3. Owner's Name		Phone ()
Address		
City	State	Zip
Architect or Engineer Name		Phone ()
C) 1. Type of work		
2. Contract Price \$		Date completed
3. Owner's Name		Phone ()
Address		
City	State	Zip
Architect or Engineer Name		Phone ()
D) 1. Type of work		
2. Contract Price \$		Date completed
3. Owner's Name		Phone ()
Address		
City	State	Zip
Architect or Engineer Name		Phone ()
Banking Relations		
A.) Name of Bank		Phone ()
Address		
Does Contractor have a formal line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how much \$		
How much owed? \$		Loan Officer
B.) Name of Bank		
Address		Phone
Does Contractor have a formal line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how much \$		
How much owed? \$		Loan Office

Creditors: List suppliers for whom contractor buys most materials.					
Name		High Credit		Terms	
Address				Phone	
City		State		Zip	
Name		High Credit		Terms	
Address				Phone	
City		State		Zip	
Name		High Credit		Terms	
Address				Phone	
City		State		Zip	

List all firms in which the stockholders of this company have other ownership even if such companies are not considered affiliated

Name & Address (include City, State and Zip)	Stock Ownership	Scope Of Operations	Endorsements By Principal Or Stockholders

WE CERTIFY THAT INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. WE HEREBY AUTHORIZE SURETEC INSURANCE COMPANY OR MARKEL INSURANCE COMPANY TO INVESTIGATE DIRECTLY, THROUGH TRADE CREDIT REPORTING COMPANIES, AND THROUGH CONSUMER CREDIT REPORTING AGENCIES ANY INFORMATION PERTAINING TO THIS COMPANY AND/OR THE INDIVIDUALS INVOLVED IN THIS COMPANY. WE AUTHORIZE OUR BANKS, CREDITORS, AND SUPPLIERS TO RELEASE CREDIT HISTORY TO SURETEC INSURANCE COMPANY OR MARKEL INSURANCE COMPANY.

Signature

Date

Agency Information	
Agency Name	Agency Contact
Address	
Phone No.	Fax No.
Agent Code	



Bank Reference Form

COMPLETE TOP PORTION ONLY. PLEASE SIGN BY "X"

Please complete top portion and send to your bank(s). Once the bank has completed the document, it must be returned to Markel Surety via mail or fax. For branch location information visit markelsurety.com or call (888) 344-3362

Name and Address of Business
Insurance Agency
Surety Underwriter
Acct. Numbers
Name and Address of Personal Accounts
Acct. Number

Name and Address of Bank	
Attention:	
THE UNDERSIGNED HEREBY AUTHORIZES THE FOLLOWING INFORMATION TO BE RELEASED TO SURETEC INSURANCE COMPANY OR MARKEL INSURANCE COMPANY	
X	
Signature	Date
Print Name	

BANK COMPLETE BOTTOM PORTION

We have been asked to write bonds or are currently writing bonds for the above applicant, and your bank has been given as a reference. Please complete the following, then return to the applicant or mail or fax to Markel Surety. For branch location information visit www.MarkelSurety.com or call (888) 344-3362

THE CONFIDENTIALITY OF THIS INFORMATION WILL BE PRESERVED EXCEPT WHERE DISCLOSURE OF THIS INFORMATION IS REQUIRED BY APPLICABLE LAW. WE WILL NOT HOLD YOU OR ANY STAFF MEMBER RESPONSIBLE FOR THE ACCURACY OF THIS REPORT.

DEPOSITORY ACCOUNTS

1.) This customer has been with our bank since				
2.) Please Complete				
Account No.	Type	Average Balance (past 6 months)	Current Balance	Any Overdrafts? Floats? Returned Chks.?
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

CREDIT ACCOUNTS

3.) We have granted credit to them since	
4.) Current line of credit extended \$	
5.) Is this secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, by what?
6.) Current balance in the line:	
7.) Renewal date of the line:	
8.) Has the line been handled as agreed?	
9.) Other loans extended: Current balance \$	Monthly payments \$
10.) Are these secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, by what?
11.) Have these been handled as agreed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12.) Your experience and opinion of this applicant's financial responsibility and business reputation:	

BANK OFFICER

Name:	Thank you for your cooperation
Phone	
Signature X	Date



STATUS OF CONTRACTS

(Bonded and Non-Bonded Projects)

NAME AND ADDRESS OF CONTRACTOR							DATE	
Description of Jobs. Include jobs awarded but not started. Give complete information requested.	Starting Date	Estimated Completion Date	Bonded	Non-Bonded	Contract Price including change orders	Estimated total cost as last adjusted	Billed to Date including adjusted	Total Cost to Date
Job Description _____ Owner _____ Contract Name _____ Contact Phone No. _____			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
Job Description _____ Owner _____ Contract Name _____ Contact Phone No. _____			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
Job Description _____ Owner _____ Contract Name _____ Contact Phone No. _____			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
Job Description _____ Owner _____ Contract Name _____ Contact Phone No. _____			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
TOTALS					\$	\$	\$	\$

CONTRACTS COMPLETED SINCE LAST FISCAL CLOSING OR LAST STATUS REPORT

Job	Completion Date	Final Contract Price	Total Cost	Gross Profit or Loss
		\$	\$	\$
		\$	\$	\$

Prepared By: _____
 Name and Title



PERSONAL FINANCIAL STATEMENT

Name: _____ Spouse: _____
Address: _____ Social Security #: _____
Telephone: _____ Date of Birth: _____
Social Security #: _____
Date of Birth: _____

Business or Occupation:

Partner or Officer in any other venture? Yes No

Are any assets held in Trust? Yes No If Yes, Submit Trust Document or Abstract of Trust.

Have you ever filed for bankruptcy? Yes No Explain if Yes:

For the purpose of procuring and maintaining credit for surety bonds from time to time in any form whatsoever with SureTec Insurance Company or Markel Insurance Company (Surety), for claims and demands against the undersigned, the undersigned submits the following as being a true and accurate statement of its financial condition on the following date, and agree that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against it, the undersigned will immediately and without delay notify the said Surety, and unless the Surety is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of:

Date:

ASSETS

Cash on Hand and in Banks (Schedule 1)	\$	Notes Payable to Banks – Secured (Schedule 1)	\$
U.S. Government Securities	\$	Unsecured (Schedule 1)	\$
Accounts, Loans and Notes Receivable (Schedule 2)	\$	Notes Payable to Relatives	\$
Cash Surrender Value Life Insurance (Schedule 3)	\$	Accounts and Notes Payable to Others	\$
Other Stocks and Bonds (Schedule 4)	\$	Rents and Interest Due	\$
Real Estate (Schedule 5)	\$	Taxes Due (Schedule 5)	\$
Automobiles – Number ()	\$	Liens on Real Estate (Schedule 5)	\$
Other Assets (Itemize)	\$	Other Liabilities (Itemize)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

INCOME

Salary	\$	As Endorser or Co-Maker	\$
Bonus and Commissions	\$	On Loans or Contracts	\$
Dividends and Interest	\$	Legal Claims	\$
Real Estate Income	\$	Provisions for Federal Income Tax	\$
		Other Special Debt	\$
TOTAL INCOME	\$		

CONTINGENT LIABILITIES

INSURANCE COVERAGE

Fire Insurance – Buildings	\$	Net Monthly Income	\$
Household Effects and Autos	\$	Rent or Home Payment	\$
Liability Insurance - Automobiles	\$	Food and Utilities	\$
Personal	\$	Incidentals	\$
General Public	\$	Avg. Amt. Paid on Open Accts.	\$
Other Insurance	\$	TOTAL EXPENSES	\$
		DIFFERENCE BETWEEN INCOME AND EXPENSES	\$

COMPARISON OF MONTHLY INCOME AND EXPENSES

SCHEDULES

No. 1 Banking Relations. (A list of all my bank savings and loan accounts.)

Name and Location	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

No. 2 Accounts, Loans and Notes Receivable. (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owed	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

No. 3 Life Insurance.

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Yearly Policy	Amount of Yearly Premium	Is Policy Assigned?
				\$	\$		\$	
				\$	\$		\$	
				\$	\$		\$	

No. 4 Other Stocks and Bonds.

Face Value Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	If Pledged State to Whom
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	

No. 5 Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows: _____

Description or Street No.	Type: (Residence, Commercial, Rental Etc.)	Ownership Vesting	Purchase Price	Market Value	Mortgage	Monthly Payment	Monthly Income
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
Total:			\$	\$	\$	\$	\$

The undersigned certifies that the information inserted on both pages hereof has been carefully read and is true and correct.

Signature: _____
Date: _____

Signature: _____
Date: _____



Bid Bond Request Form

Contractor	
Obligee	
Address	Fax
Architect/Engineer	
Address	Fax
Bid Date	
Estimated Bid Amount	
Bid Bond Percent	
Project No.	
Project Name & Description	
Date to Begin Work	
Estimated Completion Date	
Liquidated Damage /Penalty Clause	
Retainage %:	
Guarantee/ Maintenance Period	
Subcontractors (if any work is subbed out, list below; if none, state so)	
Name & Address	
Trade	
% of Contract	
Bonded?	
Agent	
Address	Fax
Phone	
Date	



Performance & Payment Bond Request Form

☐ Please Attach **Copy of Contract**.

	Date:
Contractor	
Project No.	Job Location
Project Description	
Contract Amount	

Obligee	Fax
Address	Mobile Phone & Email
Architect/Engineer	Fax
Address	Mobile Phone & Email

Start Date
Estimated Completion Date
Liquidated Damage /Penalty Clause
Retainage %:
Guarantee/ Maintenance Period

Subcontractors <i>(if any work is subbed out, list below; if none, state so)</i>	
Name	Name
Address	Address
Mobile Phone & Email	Mobile Phone & Email
Trade	Trade
% of Contract	% of Contract
Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No

Bid Spread	
Low Name	Bid \$
2nd Name	Bid \$
3rd Name	Bid \$
4th Name	Bid \$

Agent	
Address	Fax
Phone	Mobile Phone & Email