

# CECIL W. POWELL & COMPANY

INSURANCE, INTERNATIONAL, FINANCIAL PLANNING AND SURETY BONDS – SINCE 1935

Old Morocco Building, 219 N. Newnan Street, Jacksonville, FL 32202

P.O. Drawer 41490, Jacksonville, FL 32203-1490

Phone: (904) 353-3181 Fax: (904) 353-5722

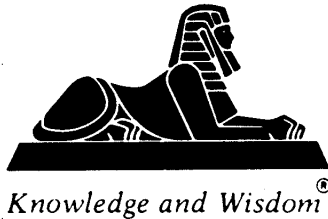
Website: [cwpowellins.com](http://cwpowellins.com)

Thank you for contacting our agency regarding Surety Bonds. At Cecil W. Powell & Company, you are offered an opportunity for all of your bond and insurance needs.

Cecil W. Powell & Company has a staff of five highly qualified personnel in the Surety Department. We are available on a daily basis to customize a surety bonding program for a variety of businesses. Our Surety Producers each have over 20 years experience, knowledge and resources in the Surety Industry. We offer prompt service with competitive rates and provide assistance to help your business become more productive and profitable.

For your convenience, attached is a checklist of information requested to help you set up a relationship with a Surety.

We will be happy to meet with you to discuss your surety bond and insurance coverage. We look forward to working with you in the future.



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## CONTRACT BOND SUBMISSION GUIDE

1. Contractor's Questionnaire:
  - Forms attached.
2. Resume for each Owner, Officer, Partner and Key Employees
3. Financial Statement:
  - Business / Corporate CPA Prepared Fiscal Year End Statement for the last three years, plus a mid year Interim Statement for the current year.
  - Personal Statement on each Owner, Partner and Stockholder concurrent with Fiscal Year End. A form is attached if needed.
4. Business Plan:
  - A narrative explaining the company's five year growth plan.
5. Bank Letter:
  - Form attached.
6. Letter of Recommendation:
  - Recommendation letters from former owners, architects, engineers and suppliers.
7. Current Certificate of Insurance
8. Current Work on Hand Schedule:
  - Form attached or you may send your in-house report.
9. Bond Request:
  - Form attached.



Knowledge and Wisdom®

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## BID/FINAL BOND ORDER FORM

### Contractor Information:

Name of Bidder/Contractor: \_\_\_\_\_

Owner/General Contractor of Project: \_\_\_\_\_

Address of Owner/GC: \_\_\_\_\_

Description of Project: (Please attach copy of bid advertisement, if available.)  
\_\_\_\_\_

Estimated Contract Cost/Eng. Est. \$ \_\_\_\_\_ Bid Date \_\_\_\_\_ Time \_\_\_\_\_

% Amount of Bid Bond Required (Circle One) 5% 10% 20% Other \_\_\_\_\_

% Amount of Final Performance and Payment Bond required: 100% \_\_\_\_\_ Other \_\_\_\_\_

AIA forms acceptable: yes \_\_\_no\_\_\_ Specific surety rating required, if yes, please specify: \_\_\_\_\_

**If a special bond form is required, please attach. For final bonds, please submit a copy of the contract.**

Duration of project: \_\_\_\_\_ Anticipated start date: \_\_\_\_\_

Liquidated damages per day: \_\_\_\_\_ Maintenance period: \_\_\_\_\_

Architect or Engineer \_\_\_\_\_

**If your bid price should increase more than 5% from the original estimate submitted, please contact your bonding agent with revised amount.**

Special Conditions/Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_

Ordered/form completed by: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Deliver by: Regular mail \_\_\_\_\_ Fed Ex \_\_\_\_\_ UPS \_\_\_\_\_

Client Overnight Account Number (if Applicable) \_\_\_\_\_

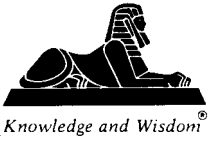
### Cecil W. Powell & Company use only

Surety Company: \_\_\_\_\_ Approved By \_\_\_\_\_

Prepared By \_\_\_\_\_ Date \_\_\_\_\_

Stamps: Florida Statutes \_\_\_\_\_ Paid When Paid \_\_\_\_\_ Private Wording \_\_\_\_\_ Countersigned \_\_\_\_\_

Attachments: Public Works \_\_\_\_\_ Other: (Specify) \_\_\_\_\_



**Cecil W. Powell & Company**  
 Post Office Drawer 41490  
 Jacksonville FL 32203-1490

# CONTRACTORS SURETY APPLICATION QUESTIONNAIRE

DATE PREPARED: \_\_\_\_\_

## GENERAL INFORMATION

CONTRACTOR: \_\_\_\_\_  
 (AS NAME APPEARS ON LICENSE)

CHECK ONE:  CORPORATION  
 PARTNERSHIP  
 PROPRIETORSHIP

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

LICENSE NO.: \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_

TAX ID NO: \_\_\_\_\_

DATE BUSINESS FORMED: \_\_\_\_\_ DATE INCORPORATED: \_\_\_\_\_

FAX NO: \_\_\_\_\_

HAS THERE BEEN ANY RECENT CHANGE IN CONTROL OF COMPANY?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

IS THE COMPANY OR IT'S OWNERS CONNECTED WITH OTHER COMPANIES AS A SUBSIDIARY, PARENT, HOLDING OR AFFILIATE?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

## CORPORATE OFFICERS — PARTNERS — PROPRIETOR — OWNERS — KEY PERSONNEL: (PLEASE COMPLETE)

<u>NAME</u>	<u>MARITAL STATUS</u>	<u>AGE</u>	<u>POSITION</u>	<u>% OF OWNERSHIP</u>	<u>SOCIAL SECURITY NUMBER</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IN WHAT CLASS OF CONSTRUCTION DO YOU SPECIALIZE: \_\_\_\_\_

WHAT WAS THE LARGEST BACK-LOG COMPLETED: \$ \_\_\_\_\_ # OF JOBS \_\_\_\_\_ YEAR \_\_\_\_\_

LIST ANNUAL GROSS SALES FOR LAST 3 YEARS: (1) YEAR \_\_\_\_\_ \$ \_\_\_\_\_

(2) YEAR \_\_\_\_\_ \$ \_\_\_\_\_ (3) YEAR \_\_\_\_\_ \$ \_\_\_\_\_

### LIST THE TWO (2) LARGEST CONTRACTS COMPLETED IN THE PAST FIVE (5) YEARS:

<u>OWNER, PERSON TO CONTACT</u>	<u>PHONE NUMBER</u>	<u>KIND OF WORK</u>	<u>CONTRACT PRICE</u>	<u>YEAR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### LIST THE THREE (3) LARGEST CONTRACTS CURRENTLY IN PROGRESS:

<u>OWNER, PERSON TO CONTACT</u>	<u>PHONE NUMBER</u>	<u>KIND OF WORK</u>	<u>CONTRACT PRICE</u>	<u>YEAR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### NAMES OF PRESENT AND PRIOR SURETIES:

<u>OWNER, PERSON TO CONTACT</u>	<u>PHONE NUMBER</u>	<u>KIND OF WORK</u>	<u>CONTRACT PRICE</u>	<u>YEAR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HAS YOUR COMPANY EVER FAILED TO COMPLETE A CONTRACT?  YES  NO IF YES, EXPLAIN: \_\_\_\_\_

ANY DISPUTES ON CONTRACTS?  YES  NO IF YES, EXPLAIN: \_\_\_\_\_

HAS COMPANY, ANY AFFILIATED COMPANY, OR ANY OWNER EVER EXPERIENCED A BANKRUPTCY OR BEEN IN RECEIVERSHIP?  YES  NO  
IF YES, EXPLAIN: \_\_\_\_\_

ARE ANY LIENS FOR LABOR AND/OR MATERIAL FILED AGAINST COMPANY ON ANY CONTRACTS WHICH HAVE BEEN DONE OR ARE BEING DONE BY COMPANY?  YES  NO IF YES, EXPLAIN: \_\_\_\_\_

*(IF ANY ADDITIONAL SPACE IS REQUIRED FOR ANY "YES" ANSWERS, PLEASE ATTACH ADDITIONAL SIGNED PAGES)*

**LIST PRINCIPAL SUPPLIERS:**

<u>NAME</u>	<u>MATERIAL/SERVICE PROVIDED</u>	<u>STREET ADDRESS, CITY, STATE &amp; ZIP CODE</u>	<u>PHONE NUMBER (INCL AREA CODE)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FINANCIAL INFORMATION**

**ACCOUNTING**

NAME OF ACCOUNTING FIRM: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW MANY YEARS HAS THIS FIRM PREPARED FINANCIAL STATEMENTS? \_\_\_\_\_ TAX RETURNS: \_\_\_\_\_

FISCAL YEAR END: \_\_\_\_\_ ARE TAXES, BOTH COMPANY AND PERSONAL, CURRENT?  YES  NO

BASIS OF PREPARATION OF STATEMENTS:  CASH  COMPLETED CONTRACT  SIMPLE ACCRUAL \_\_\_\_\_ % OF COMPLETION

TAX PAYMENTS:  CASH  COMPLETED CONTRACT  SIMPLE ACCRUAL \_\_\_\_\_ % OF COMPLETION

**BANK**

NAME OF BANK \_\_\_\_\_ ACCOUNT MANAGER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ACCOUNT NUMBER(S) \_\_\_\_\_ AMOUNT IN USE: \$ \_\_\_\_\_

AMOUNT OF LINE OF CREDIT: \$ \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HOW SECURED: \_\_\_\_\_

*(ATTACH LETTER FROM BANK CONFIRMING LINE OF CREDIT AND/OR RELATIONSHIP/CREDIT/BANKING HISTORY)*

I / WE AUTHORIZE THE COMPANY TO INVESTIGATE MY STATEMENTS AND TO CHECK MY/OUR CREDIT WITH ANY CREDITORS OR OTHER LENDING INSTITUTIONS.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
AGENT / BROKER

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
AGENT / BROKER LICENSE No:

\_\_\_\_\_  
TAX ID OR SOCIAL SECURITY No:





# CECIL W. POWELL & COMPANY

## PERSONAL FINANCIAL STATEMENT NOT TO BE USED FOR BUSINESS STATEMENTS.

**To induce Agency to secure surety for the Undersigned, or to accept  
The Undersigned as Indemnitor, the Undersigned submits the following Financial Statement**

Personal financial statement of \_\_\_\_\_ SS. NO. \_\_\_\_\_  
(Name)

(Street Address, City, State, Zip)  
HOME PHONE NO. ( ) \_\_\_\_\_ BUS. PHONE NO. ( ) \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_

AS OF \_\_\_\_\_  
(Date)

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 (Schedule 3) .....	Other current liabilities (Schedule 6) .....	
Other current assets (Schedule 6)	.....	
.....	.....	
.....	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>	
<b>FIXED ASSETS</b>	<b>LONG TERM LIABILITIES</b>	
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 FIXED ASSETS</b>	<b>TOTAL LONG TERM LIABILITIES</b>	
<b>TOTAL ASSETS</b>	<b>NET WORTH</b>	
	<b>TOTAL LIABILITIES AND NET WORTH</b>	

CONTINGENT LIABILITIES

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

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

\_\_\_\_\_

**1. STOCKS AND BONDS**

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

**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	Date Acquired	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL							

**5. LIFE INSURANCE – CASH VALUE**

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

**6. OTHER ASSETS AND LIABILITIES**

Other Current Assets (itemize)	Other Current Liabilities (itemize)	Amount

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with other, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature \_\_\_\_\_  
 S.S. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_  
 S.S. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Privacy Notice: All nonpublic personal information gathered pursuant to the application shall not be disclosed except as permitted by law.  
 Date Signed \_\_\_\_\_, \_\_\_\_\_.





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Phone: 904-353-3181 • Fax: 904-353-5722 Attn: SURETY DEPARTMENT

**Bank Inquiry Form**  
**DEPOSITOR COMPLETE TOP PORTION**

Name and Address of Bank:

Name and Address of Client:

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

Attention: \_\_\_\_\_

Business Account # (s): \_\_\_\_\_

Personal Account # (s): \_\_\_\_\_

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

**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:

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:

Acct. No.	Type	Avg. Balance (Past 6 Months)	Current Balance	Any Overdrafts? Floats? Returned Checks?

**CREDIT ACCOUNTS:**

- 3) We have granted credit to them since \_\_\_\_\_.
- 4) Current line of Credit extended \_\_\_\_\_.
- 5) Is this secured? \_\_\_\_\_ If so, by what? \_\_\_\_\_.
- 6) Current balance on 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? \_\_\_\_\_ If so, by what? \_\_\_\_\_.
- 11) Have these been handled as agreed? \_\_\_\_\_.
- 12) Your experience and opinion of this applicants financial responsibility and business reputation: \_\_\_\_\_.

**BANK OFFICER**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_