

## **SUBDIVISION BOND PACKET**

Thank you for your request. Please provide the following items to enable us to underwrite and respond in a timely matter.

1. **Completed Tokio Marine HCC Surety Subdivision Improvement Questionnaire and Bond Information Sheet** (Attached)
2. **Copy of Business Entity Documents**
  - A. Articles of Incorporation
  - B. Partnership Agreement
  - C. Joint Venture Agreement
3. **Business Financial Statement(s)**
  - A. Last 2 Fiscal Year End Financial Statements of Business Entity, plus current interim financial statements. Note: All Business Entity statements must include both a balance sheet and a profit and loss statement.
  - B. If Business Entity is a Partnership, we require the financial statements of the General Partner(s). If the General Partner is a corporation, we require the last two fiscal yearend financial statements on the corporation and an interim statement if the fiscal year end is more than six months past.
4. **Personal Financial Statement(s)** on all owners who own more than 10% of the corporation and/or financial statement of the General Partner (individual)
5. **Bank Verification & 3 Months Personal and Business Bank Statements**
6. **Prior Project Reference(s)** (Include Contact Information and Job Description)
7. **Completed Bond/Project Information Summary** (Attached)
8. **Copy of Improvement Agreement;** drafted by obligee
9. **Engineer's Estimates with Seal**
10. **Financing Information** (Source of funds copy of loan documents or letter of intent)
11. **Appraisal/Market Analysis of the subject project**
12. **Information on Contractor performing the work** (e.g. bid amount, copy of contract if available)

If you have any questions regarding Subdivision Bonds, please do not hesitate to call us. We look forward to working with you and your clients.

**Thank you for your business!**



## Personal Financial Statement

### Not to be used for Business Statements

To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement

Personal financial statement for \_\_\_\_\_ SSN \_\_\_\_\_  
*Name*

*Street Address, City, State, ZIP*

\_\_\_\_\_ Home Phone No. \_\_\_\_\_ Bus. Phone No. \_\_\_\_\_  
*Name of Spouse*

As of \_\_\_\_\_  
*Month Day Year*

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank) . . . . .	_____	Notes payable to (names & addresses):	_____
Cash in following banks (names & addresses):	_____	.....	_____
.....	_____	.....	_____
.....	_____	Sales Contracts & Chattel Mtgs. (Sch. 6) . . . . .	_____
Stocks and bonds (Schedule 1) . . . . .	_____	.....	_____
Accounts receivable (Schedule 2) . . . . .	_____	Accounts payable . . . . .	_____
Notes receivable (Schedule 3) . . . . .	_____	Current portion of long term debt. . . . .	_____
Other current assets (Schedule 6)	_____	Other current liabilities (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>	
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 \_\_\_\_\_

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledge, State to Whom and for What Purpose	Div. Paid Last 2 Yrs	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. NOTE 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 \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Signed \_\_\_\_\_

## SUBDIVISION IMPROVEMENT QUESTIONNAIRE (Not to be completed by agent)

With this questionnaire, you will also need to provide Financial Statements, Subdivision Improvement Agreement, Bond Forms (if provided by Obligee), Copy of Engineer's Estimate (quantity cost breakdown letter), Resumes, if applicable, Set Aside Letter (if project is funded) and a General Indemnity Agreement.

1. Name (Must be exactly as it is to appear on bond) \_\_\_\_\_ Tax I.D. # \_\_\_\_\_

2. Business Address \_\_\_\_\_  
 \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

	Owners of Property	Percent of Ownership	Position in Company
A	_____	_____	_____
B	_____	_____	_____
C	_____	_____	_____

	Owners' Residence Address	Soc. Sec. #	Spouse	Residence Phone
A	_____	_____	_____	_____
B	_____	_____	_____	_____
C	_____	_____	_____	_____

5. Number of years in business \_\_\_\_\_ Annual Sales \_\_\_\_\_

6. Name and Address of Accountant \_\_\_\_\_  
 \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

	Prior Experience of Subdivider/Developer Location of Tract	Amt. Of Improvements	Bond Company	Date or Percent Completed
A	_____	_____	_____	_____
B	_____	_____	_____	_____
C	_____	_____	_____	_____

	Name of Lender on Prior Tracts	Loan Officer	Phone
A	_____	_____	_____
B	_____	_____	_____
C	_____	_____	_____

9. Prior surety on other projects \_\_\_\_\_

10. Any surety declined to furnish a bond? \_\_\_\_\_ If yes, explain \_\_\_\_\_

11. Has company, any affiliated company, or any owner failed to complete a project or declared bankruptcy? \_\_\_\_\_

	Name of Bank and Address	Account Number	Phone
	_____	_____	_____
	_____	_____	_____

Name of Banker \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

14. Any liens filed against jobs in the last two years? \_\_\_\_\_

Date Filed	Amount	Date Released	Reason and Details

15. Any other suits, claims, or judgments within the last two years? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

16. Information on tract for which bond is being requested

City/County Requiring

Bond/Address \_\_\_\_\_

Bonds Required (type) \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

Description (Tract Name) \_\_\_\_\_

Lender (This Project) \_\_\_\_\_

Loan Officer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

What is being constructed? \_\_\_\_\_

If houses, number \_\_\_\_\_ Number of lots \_\_\_\_\_

Name of Contractor Doing Off-site Work \_\_\_\_\_ License # \_\_\_\_\_

Starting Date \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

17. Documents to be returned with questionnaire for expediting underwriting.

1. Corporate, partnership, or sole proprietorship Financial Statement, including a Profit and Loss Statement
2. Personal financial statements from all major stockholders or partners
3. Copy of civil engineers' cost breakdown on bonded improvements
4. Copy of Subdivision Agreement
5. Bond Forms

18. The maker or makers of the foregoing statement hereby authorize the company to investigate my statements and to check my credit with any creditors or lending institutions. The undersigned and each of them hereby certify that each statement herein contained is true and that this statement and/or answers to the questions are made for the purpose of inducing American Contractors Indemnity Company and/or U. S. Specialty Insurance Company to execute or continue certain bonds or undertaking.

\_\_\_\_\_  
Firm Name

Date \_\_\_\_\_

By \_\_\_\_\_

# SUBDIVISION BOND INFORMATION SUMMARY

THIS IS **NOT** AN APPLICATION FOR BONDING CREDIT. INCLUSION OF THE FOLLOWING INFORMATION WITH THIS SUBDIVISION BOND REQUEST WILL EXPEDITE OUR UNDERWRITING AND APPROVAL PROCESS:

- SET ASIDE LETTER FROM CONSTRUCTION LENDER
- ENGINEER'S ESTIMATE OF COSTS TO COMPLETE OFFSITE IMPROVEMENTS
- REQUIRED BOND FORMS
- SUBDIVISION AGREEMENT
- VICINITY MAP

DEVELOPER \_\_\_\_\_  
 PROJECT NAME \_\_\_\_\_ TYPE OF PRODUCT \_\_\_\_\_  
 DESCRIBE LOCATION \_\_\_\_\_  
 \_\_\_\_\_  
 TRACT NUMBER \_\_\_\_\_ NUMBER OF UNITS \_\_\_\_\_  
 SELLING PRICE OF UNITS: FROM \$ \_\_\_\_\_ TO \$ \_\_\_\_\_  
 SQUARE FEET OF UNITS: FROM \_\_\_\_\_ TO \_\_\_\_\_

CONSTRUCTION LENDER: \_\_\_\_\_  
 LOAN OFFICER \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_  
 AMOUNT OF CONSTRUCTION LOAN \$ \_\_\_\_\_  
 AMOUNT ALLOCATED TO OFFSITE IMPROVEMENTS \$ \_\_\_\_\_  
 IS SET ASIDE LETTER AVAILABLE? YES \_\_\_\_\_ NO \_\_\_\_\_  
 TYPE OF DISBURSEMENT: CASHIER'S CHECK \_\_\_\_\_ VOUCHER \_\_\_\_\_ STAGED \_\_\_\_\_ REIMBURSEMENT \_\_\_\_\_

IMPROVEMENTS	COST	NAME OF SUBCONTRACTOR (if applicable)
EXCAVATION, GRADING, CLEARING	\$ _____	_____
ENGINEERING	\$ _____	_____
STREETS, CURBS, GUTTERS	\$ _____	_____
WATER	\$ _____	_____
SEWERS	\$ _____	_____
UTILITIES	\$ _____	_____
OTHER _____	\$ _____	_____

OBLIGEE(MUNICIPALITYREQUIRINGBONDS): \_\_\_\_\_  
 ADDRESSOFOBLIGEE: \_\_\_\_\_  
 \_\_\_\_\_

TYPE OF BOND	PERFORMANCE	LABOR & MATERIALS
GRADING IMPROVEMENTS	\$ _____	\$ _____
STREET IMPROVEMENTS	\$ _____	\$ _____
WATER IMPROVEMENTS	\$ _____	\$ _____
SEWER IMPROVEMENTS	\$ _____	\$ _____
STORM DRAIN	\$ _____	\$ _____
IMPROVEMENTS MONUMENT	\$ _____	\$ _____
MAINTENANCE GUARANTEE	\$ _____	\$ _____
PROPERTY TAX	\$ _____	\$ _____
EROSION CONTROL	\$ _____	\$ _____
UNDERGROUND UTILITIES	\$ _____	\$ _____



## Bank Verification

(To be completed by bank or savings & loan)

**Please complete a separate form for each account**

Re: Account Holder \_\_\_\_\_

Account Number \_\_\_\_\_

The above account holder has applied to this Company for bonding credit and has given your name as a reference. Authorization has been given to us to verify their financial statement. Therefore, we would appreciate the courtesy of a prompt reply to the following questions. Your response will be treated in confidence and without responsibility on your part. You may return this inquiry by fax to the number below. Thank you for your cooperation.

1. When was the account opened? \_\_\_\_\_
2. The average balance is \$\_\_\_\_\_ for the period of \_\_\_\_\_ months.
3. Has a line of credit been established? \_\_\_\_\_  
 If so, what amount? \$\_\_\_\_\_ Current outstanding balance: \$\_\_\_\_\_  
 It is secured by \_\_\_\_\_  
 The renewal date is \_\_\_\_\_
4. What is your opinion of the applicant's character, ability and financial responsibility?  
 \_\_\_\_\_

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

Information has been provided by: \_\_\_\_\_

*Signature*

Date \_\_\_\_\_

*Printed Name*

Person & Branch requesting this form: \_\_\_\_\_



## Fraud Warnings and Privacy Policy

### Fraud Warnings

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

#### APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### APPLICABLE IN CALIFORNIA

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

#### APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### APPLICABLE IN THE DISTRICT OF COLUMBIA

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

#### APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

#### APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

#### APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

#### APPLICABLE IN MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.





**TOKIO MARINE**  
**HCC**

## Fraud Warnings and Privacy Policy

### APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

### APPLICABLE IN OKLAHOMA

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### APPLICABLE IN OREGON

Material misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

### APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

### APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

### NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

## Privacy Policy

Here at Tokio Marine HCC – Surety Group we know that your privacy is important to you, which makes it important to us. In support of changes to data privacy laws, we've made updates to our Privacy Policy and want to make sure you are aware of our updates. The new version of our privacy policy is available at [www.tmhcc.com/en-us/legal/privacy-policy](http://www.tmhcc.com/en-us/legal/privacy-policy).