



RLI Insurance Company
 P.O. Box 3967 Peoria IL 61612-3967
 Phone: 309-692-1000 Fax: 309-692-8637

Contractor's Profile

Contractor/Tradestyle: _____

Physical Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

- Individual Corporation LLP Sub "S" - Yes No
 Partnership LLC

Date Business Started: _____ Tax I.D. Number: _____

Name of Prior Business (if applicable): _____

KEY PERSONNEL

List organization's principals, key employees (project mgrs., supts., estimators, etc.) and officers and indicate construction experience. Attach resumes, if available.

Name	Position	Birthdate	% Stock	Experience

INSURANCE

Liability Insurance Carrier: _____ Agent: _____

AGENT/BROKER INFORMATION	Agent/Broker Name	Code	Phone No.	Fax No.	City	State	Zip
	All City Insurance Inc	63185	(305) 463-9431	(305) 629-7808	Miami	FL	33126

AGENT'S RECOMMENDATION	<input type="checkbox"/> We are not very familiar with this applicant.
	<input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her.
	<input type="checkbox"/> We know applicant very well and offer our highest recommendation.

INDEMNITY

Is the full indemnity of all owners, partners or stockholders available?

Please check one: Yes No

List Indemnitors below (full legal name) and spouses.

Name	Home Address and Zip Code	Social Security Number

AFFILIATES

List affiliates, subsidiaries or related companies in which this firm or its stockholders have an interest:

Company	Relationship to Principal	% Ownership By Principal

WORK/SUBS/TERRITORY

Type of work performed? _____

Percent of work sub-let? _____

Policy on managing Subcontractors: Bonds: Yes No Joint Check: Yes No

Other: _____

Have you been, or do you intend to become involved in real estate development, design/build work, turnkey projects or speculative building? Yes No *If so, please attach full explanation.*

Territory of operations: _____

PRIOR EXPERIENCE/LARGEST JOBS

Owner and Full Mailing Address	Description and Location of Job	*Arch/Engineer Mailing Address	Contract Price	Profit	Year Done

What dollar size jobs do you feel best able to handle? _____

What is the largest dollar amount of uncompleted work on hand you have ever had at one time? _____ Year? _____

**Note: Make certain a complete mailing address is available for Owner/General or Arch/Engineer.*

SUPPLIER/REFERENCES

Do you pay your bills: within 30 days within 60 days over 60 days

Name six (6) suppliers from which you buy most of your materials

	Name	Address, City, State, Zip Code
1.		
2.		
3.		
4.		
5.		
6.		

*Are there any claims or disputes from your supplier reference list? If yes, attach details. Yes No

Note: Please be advised that in the qualification and underwriting process, certain Arch./Engineer/Owners/Suppliers and others in the Profile may be contacts as references or to verify the information provided. Accuracy and completeness are very important.

BANKING

At which bank(s) have you established a formal line of credit? (attach copy)

Bank	Address	Line Amount	Collateral

Contact Person: _____ Telephone Number: _____

Contact Person: _____ Telephone Number: _____

CONTINUITY

Insured	Amount	Beneficiary	Type-Whole Life, Term, Etc.

Is there a buy-sell agreement in effect? Yes If so, how is it funded? (Please provide a copy).
 No If not, attach a full explanation of continuity arrangements.

Are there any trust agreements in effect which now hold, or will hold at some future date, any of the company stock or assets

Yes (if so, please attach a copy) No

ACCOUNTING

Name of accounting firm: _____ Telephone Number: _____

Associate handling your account: _____ May we contact him/her? Yes No

Number of years this firm has 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

Basis of preparation of Tax Payments:

Cash Completed Contract Simple Accrual % of Completion

Date: _____

Signed: _____ Title: _____



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Work-On-Hand Schedule

Contractor's Name: _____ Contracts In Progress Date: _____

	Contract Description and Location	Contract Price Including Approved Change Orders	*Total Amount Billed To Date Including Retainage	Total Costs To Date	Revised Estimated Costs to Complete	Est. Completion Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Contracts Completed During the Last Fiscal Year Or Since Last Status of Contracts Report

	Contract Description and Location	Final Contract Price	Total Cost	Gross Profit or Loss
1.				
2.				
3.				
4.				
5.				
6.				
7.				

*Do not include "claims" or "disputed items."
 If desired, attach an explanation.

This information prepared

By: _____

Date: _____

AGENT/BROKER INFORMATION	Agent/Broker Name	Agency Code	Phone No.	Fax No.	City	State
AGENT'S RECOMMENDATION	<input type="checkbox"/> We are not very familiar with this applicant. <input type="checkbox"/> We are familiar with applicant and are aware of no adverse information about him/her. <input type="checkbox"/> We know applicant very well and offer our highest recommendation.					

NOTE: *This sample letter must be supplied to your banker. This outline must be followed and all current balances and average balances must be indicated in actual dollar amounts. Should your banker have any questions please have him/her contact your agency.*

SAMPLE BANK LETTER

Bank Letterhead

Date _____

RLI Insurance Company
9025 N. Lindbergh Drive
Peoria, IL 61615

RE: BANK RELATIONS / MR. JOHN DOE AND ABC CONSTRUCTION COMPANY

Mr. John Doe originally opened his accounts with this institution on _____ and maintains the following account:

Business Checking Account: Acct. #0000000-01; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Business Checking Account: Acct. #0000000-02; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Personal Checking Account: Acct. #0000000-03; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Personal Savings Account: Acct. #1000000-01; Current Balance = \$ _____, 6 Mo. Avg. Bal. = \$ _____

Certificate of Deposit in the name of _____ No. _____ Amount: \$ _____

Term: _____; Opened: _____; Matures: _____; Automatically Renewable: Yes No

Mr. Doe also maintains a Revolving Line of Credit in the name of ABC Construction Company for working capital.

Amount: \$ _____; Opened: _____; Expiration: _____;

Security: _____

Terms: _____ Current Amt. Outstanding: \$ _____

Very truly yours,

By: _____ (Bank Officer)

(Typed Name and Title)

PERSONAL FINANCIAL STATEMENT

IMPORTANT: Read these directions before completing this Statement.

- If you are applying for individual credit in your own name and are relying on your own income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3.
- If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections providing information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1 and 3.

TO:

SECTION 1 - INDIVIDUAL INFORMATION (Type or Print)		SECTION 2 - OTHER PARTY INFORMATION (Type or Print)	
Name		Name	
Residence Address		Residence Address	
City, State & Zip		City, State & Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF _____, _____				
ASSETS (Do not include Assets of doubtful value)	In Dollars (Omit cents)		LIABILITIES	In Dollars (Omit cents)
Cash on hand and in banks	---		Notes payable to banks - secured	---
U.S. Gov't. & Marketable Securities - see Schedule A	---		Notes payable to banks - unsecured	---
Non-Marketable Securities - See Schedule B	---		Due to brokers	---
Securities held by broker in margin accounts	---		Amounts payable to others - secured	---
Restricted or control stocks	---		Amounts payable to others - unsecured	---
Partial interest in Real Estate Equities - see Schedule C	---		Accounts and bills due	---
			Unpaid income tax	---
Real Estate Owned - see Schedule D			Other unpaid taxes and interest	---
Loans Receivable	---		Real estate mortgages payable - see Schedule D	---
Automobiles and other personal property			Other debts - itemize	---
Cash value-life insurance - see Schedule E	---			---
Other assets - itemize	---			---
	---			---
	---			---
	---		TOTAL LIABILITIES	---
	---		NET WORTH	---
TOTAL ASSETS	---		TOTAL LIAB. AND NET WORTH	---

SOURCES OF INCOME FOR YEAR ENDED	PERSONAL INFORMATION
Salary, bonuses & commissions \$	Do you have a will? _____ If so, name of executor.
Dividends	
Real estate income	Are you a partner or officer in any other venture? If so, describe.
Other income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	
	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe.
	Are any assets pledged other than as described on schedules? If so, describe.
TOTAL \$	
CONTINGENT LIABILITIES	
Do you have any contingent Liabilities? If so, describe	Income tax settled through (date)
	Are you a defendant in any suits or legal actions?
As endorser, co-maker or guarantor? \$	Personal bank accounts carried at:
On leases or contracts? \$	
Legal claims \$	
Other special debt \$	Have you ever been declared bankrupt? If so, describe.
Amount of contested income tax liens \$	

SCHEDULE A - U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

SCHEDULE B - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

SCHEDULE C - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type of Property	Title In Name Of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D - REAL ESTATE OWNED

Address & Type Of Property	Title in Name Of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name Of Insurance Company	Owner Of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F - BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address Of Lender	Credit In The Name Of	Secured Or Unsecured?	Original Date	High Credit	Current Balance

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 others, 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 creditworthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (Individual) _____

S.S. No _____ Date of Birth _____

Signature (Other Party) _____

Date Signed _____

S.S. No _____ Date of Birth _____



Specific Bond Request Bid Bond

Agent		Agent Code
Address		
Phone	Date Requested	
Contractor		
Contractor Address		
Obligee		
Obligee Address		
Architect/Engineer (if sub, put general)		
Architect's/Engineer's Address		
Bid Date		
Invitation No. (federal)		
Estimated Contract Amount		
Percent Bid Bond Required		
Job Description (including location)		
Date Work Is To Begin		
Estimated Completion Date		
Penalty Clause		
How Payments Are To Be Made		

Subcontractors

(If any work is subbed out, list below; if none, so state)

Name	Trade	Phone	% of Contract	Bonded?



Specific Bond Request Performance & Payment Bond

Agent	Agent Code
Address	
Phone	Date Requested
Contractor	
Contractor Address	
Obligee	
Obligee Address	
Architect/Engineer (if sub, put general)	
Architect's/Engineer's Address	
Contract Amount	
Job Description (including location)	
Start Date	
Estimated Completion Date	
Penalty Clause	
How Payments Are To Be Made	

Subcontractors

(If any work is subbed out, list below; if none, so state)

Name and Address	Trade	Phone	% of Contract	Bonded?

BID Spread

	Name	Bid
Low		
2nd		
3rd		
High		