

Mailing Address: P.O. Box 5925, Goodyear, AZ 85338

Toll Free number: (866) 409-2477

Fax number: (623) 932-9485

E-Mail Address: Marketing@PlatinumBonds.com Website: www.Platinumbonds.com

Contract Application

The Purpose of this questionnaire is to gather the most information as possible in order to assist the underwriting team to obtain the highest possible bond line approval for the applicant.

In additional to this questionnaire please also submit the following:

- 1 Bond request form**
- 2 Contractors Questionnaire, please make sure all reference sections are complexly filled out**
- 3 Work on Hand**
- 4 Job Cost Breakdown**
- 5 Bank reference letter**
- 6 Personal financials, please also include a copy of their most recent bank statement and stock verification.**
- 7 Resume**
- 8 12/31/2004, 05 & 06 Business Financials, please also include a copy of their most recent Bank statement. This should be a balance sheet of asset and liabilities, and income statement.**
- 9 Copy of the contract / Bid Specs**
- 10 Copy of their Certificate of Insurance**
- 11 Any special bond form(s)**
- 12 Written credit explanations (if applicable)**



Company Name _____ Account Number (required) _____

BOND REQUEST FORM

PROJECT INFORMATION

Project Name					
Location	(City)		(State)		
Job Description					
Obligee Name				Contact	
Address				Phone	
(City)		(State)		(Zip)	

CONTRACT INFORMATION

BID BOND

Bid Date					
Estimated Contract Amount					
What is the bid percentage	5%		10%		Other

FINAL BOND

Was the job	Awarded		Negotiated	
Contract Amount				
Payment Terms				
Bid Results				
First Bidder	Name		Bid \$	
Second Bidder	Name		Bid \$	
Third Bidder	Name		Bid \$	
Contract No				
Contract Date		Start Date		
Has work started	Yes		No	
Estimated Completion		Daily Penalty		
% Subcontracted		% Materials		
% Equipment		% Bonded by Subs		



CONTRACTOR'S QUESTIONNAIRE

Name (as to appear on bond)				
Contact Person				
Business Address				
City		State	Zip Code	
Phone Number		Fax Number		
Type of Business		Date Business Was Started		
<i>Business Formation</i>				

OWNER INFORMATION

Owner 1	Name		
Percentage Owned		Years Owned Business	
Owner 2	Name		
Percentage Owned		Years Owned Business	
Owner 3	Name		
Percentage Owned		Years Owned Business	
Owner 4	Name		
Percentage Owned		Years Owned Business	
Owner 5	Name		
Percentage Owned		Years Owned Business	

HISTORY

Contract Specialty _____

Market area _____

List any other companies or affiliates of the contracting firm in which this Firm or its stockholders have an interest

Firm Name	% Ownership	Type of business

Is there a buy/sell	Yes	No
How is the buy/sell agreement funded?		
Are there any trust agreements in effect which now hold, or will hold at some future date, any of the company's stock or assets?	Yes	No

ORGANIZATION AND WORK PROGRAM

How many people does your firm employ					
How many work crews					
List key personnel, foreman or supervisors					
Name	Position	Age	Years Exp.	Years With Firm	
What % of firm's work program is for			Gov.		Private
What was the desired single job size limit and work program					
What was the firms largest backlog			Year		
What is the firm's expected volume next year					
What trades are Normally undertaken					
What trades are subbed out					
Percent of work normally subbed out					
Are subs bonded			Yes		No
Does your firm own the necessary equipment to perform anticipated work Program?			Yes		No
Does your firm lease equipment?			Yes		No
Have you been, or do you intend to be, involved in real estate development, design/build work, turnkey projects or speculative building?			Yes		No
Is your firm union?			Yes		No

FINANCIAL

CPA Name					
Address		Phone			
City	State	Zip			
Fiscal year end date					
Type of Statement	Audit	Review	Compilation		
How are statements prepared?		Cash	Accrual		
Completed contract	% of completion				
How often are statements prepared?					
On what basis are taxes paid?		Cash	Accrual		
Completed Contracts	% of completion				

BANK INFORMATION

Name of your Bank					
Address		Phone			
City	State	Zip			
Contact person					
Amount of Line of Credit					
Expiration Date					
How is the credit line secured?					

INSURANCE

Life insurance in effect on key personnel

Value	Name	Beneficiary	Amount	Cash
Are any of the above policies assigned?				
If so Which ones				
To Whom				

LEGAL

Name of legal counsel				
Address		Phone		
City	State	Zip		
Contact person				
Has your firm or any of its principals failed to complete a job, caused a loss to a surety, petitioned for bankruptcy, or failed in business?		Yes	No	
Are there any liens for labor or materials filed on any of your contractors, or do you have any disputes over a contract or payment for labor and materials?		Yes	No	

REFERENCES

Previous bonding companies Name				
Largest Amount Bonded		Reason for Leaving		
List three of your major suppliers				
Name	Address	Phone	Fax	
Three subcontractors with whom you've worked				
Name	Address	Phone	Fax	
List your three largest contracts in past five years				
Owner's Name	Phone	Fax		
Contact Name	Job ID			
Gross Profit	Contract price	Compl. Date		
Owner's Name	Phone	Fax		
Contact Name	Job ID			
Gross Profit	Contract price	Compl. Date		
Owner's Name	Phone	Fax		
Contact Name	Job ID			
Gross Profit	Contract price	Compl. Date		



Company Name _____ **Account Number** (required) _____

Work On Hand

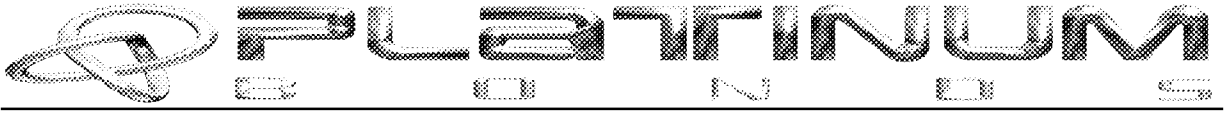
As of		A	B	C	D	E	F
Uncompleted Contracts Id		Cont Price	Profit at Bid	Total Billed	Cost to Date	Cost to Comp	End Date

Contracts Completed in the last 6 months	Final Contract Price	Total Cost	Gross Profit or Loss



Company Name _____ **Account Number (required)** _____

Job Cost Breakdown				
Type of Trade or Service	Amount or percent allotted	Supplier or Subcontractor	Bonded	
			Yes	No
Gross Profit and Overhead				
Total (should be 100%)				



BANK REFERENCE LETTER

Our business is to establish and place bonds for our clients. One of the requirements of bonding is for us to obtain a reference letter from our client's bank.

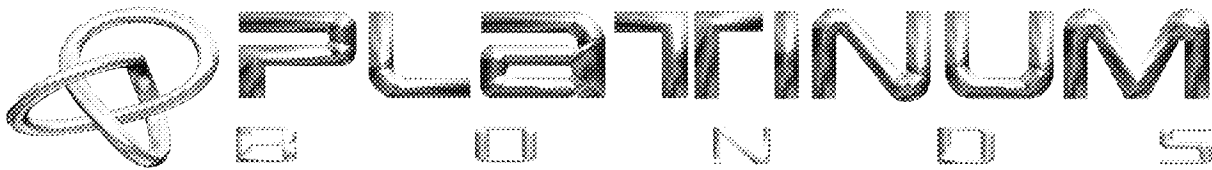
Please take this form to your bank and request that they write a letter, **on the bank's letterhead**, addressed to:

Platinum Insurance & Bonds, Inc.
P.O. Box 5925
Goodyear, AZ 85338

SAMPLE

This letter should incorporate answers to the questions below:

1. Date account opened.
2. Average checking balance for the past 12 months, and current checking and savings balances.
3. We need to know the dollar figure of the Line of Credit available and the dollar figure of the present account in use. We also need to know the expiration date of the line. If the Line of Credit is secured, please indicate the specific security. It is important that your letter show dollar figures of the line of credit and the present amount in use. The terminology of low, high or medium is not acceptable.
4. Existing loan amounts and terms.
5. General recommendations as to character, business qualifications, etc.
6. Name of bank officer and their title.



Personal Financials

First Name			
Last Name			
Home Address			
City		State	
Social Security Number			
Spouse Full Name			
Spouse Social Security Number			

ASSETS	Value																		
Cash in bank																			
Government and Listed & Unlisted Securities																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">No. of Shares or Par Value of Bonds</th> <th style="width: 65%;">Description</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	No. of Shares or Par Value of Bonds	Description																	
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Accounts and Note Receivable																			
Trade																			
Relative and Friends																			
Others																			
Investment in Business																			
Real Estate Owned																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Description and location</th> <th style="width: 40%;">Date Acquired</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Description and location	Date Acquired																	
Description and location	Date Acquired																		
Vested Interest in Deferred Compensation Plans																			
Automobile(s)																			
Other Personal Property																			
Other Assets - Itemize																			
Total Assets																			

LIABILITIES	Balances	Payments
Notes payable - Banks secured		
Notes payable - Banks unsecured		
Notes payable - Relatives		
Notes payable - Others		
Accounts payable		
Unpaid income taxes		
Other unpaid taxes and interest		
Real Estate Owned		
Chattel mortgages and other liens payable		
Other Debs - Itemize:		
Total Liabilities		
Total Personal Net Worth		
Total Liabilities & New Worth		

Sources of Income

Salary

Dividends

Interest

Real Estate Income

Other Income		
Other Income		

General Information

Are you a defendant in Suits or Legal Action?

Have you ever had any tax liens?

If so what year?

Are they paid?

Have you ever filled Bankruptcy

If so what year was it discharge?

Have you ever had a civil judgment?

If so what year?

Had it been satisfied?

Have you had any late pays on your personal credit in the past five years?

If so approximately how many?

Are they currently delinquent?

Have you had any collection on your personal credit?

If so How many?

Have they been paid?

How long ago?

Overall How would you describe your personal credit?

Have you ever had a surety Claim?

If so was the surety reimbursed?

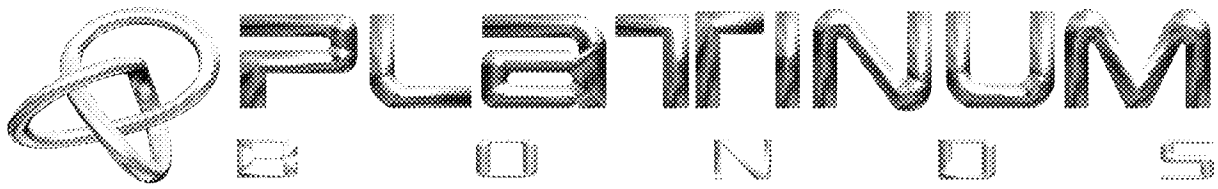
Do you owe any back due Child or Spousal Support

I authorize Platinum Insurance and Bonds, Inc. / and the Surety and/or Surety broker of their choice to make inquiries as necessary concerning or pertaining to the Owner(s), applicant(s), and third party indemnitor(s) listed in this application financial standing, credit report, character or manner of meeting obligations to verify the accuracy of the statements made and to determine their credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information may be found guilty of a criminal and/or civil offense."

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), revised effective September 30, 1997, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, the reporting agencies cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. The reporting agency's policy requires purchasers of these reports to have signed a Service Agreement. This assures the reporting agency that users are familiar with and will abide by their obligations, as stated in the FCRA, revised effective September 30, 1997, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or denial of an application, the name and telephone number of the reporting agency will be provided in writing to contact them directly and request copies of such reports

Sign Here		Date	
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Resume

First Name																
Last Name																
Home Address																
City						State						Zip Code				
Social Security Number																

High School Diploma or GED?												
Are you a College Graduate?												
If so from what years					From					To		
Courses Studied?												
Special Education relating to current business activity?												

PROFESSIONAL REFERENCES

Name	Address	Phone #	Years Known

BUSINESS AND PROFESSIONAL EXPERIENCE

(Begin with current job)

From		To		Company	
Position				Responsibilities	
From		To		Company	
Position				Responsibilities	
From		To		Company	
Position				Responsibilities	