The IBCS Group, Inc.

Authorized Risk / Claims Manager for the Scarborough Bond & Guarantee Program

Account Submission Checklist

Date: _________ Agency: ____

Account Name: ____

Year company formed: _________ Fiscal year-end date: ___________

Is a bond needed now? Y N Amount: $________________________

Bond line amount desired per contract: $________________________

All items in Step One are needed now. Please **print out** this entire document. **Check off everything you are submitting.** You should only skip information that does not apply or is impossible to provide.

How to speed our response:

1. **Follow all the instructions**
2. **Use our forms, fill them out completely, date and sign**
3. **Provide everything we request. Yes, we need it all. Send when requested, even if you think we already have it. Gather everything and send all at one time.**
4. **Email your documents as multiple pdf attachments**

Include this sheet with your Step One submission.

Step One

To obtain our Initial Underwriting Response, provide these items by email or fax:

☐ Exec. / summary or intro letter
☐ IBCS Questionnaire signed and dated
☐ 3 yrs company FSs and tax returns
☐ Interim company FS
☐ Resumes key people

On our forms, executed reference letters:
☐ 3 Suppliers ☐ 3 Prior large contracts
☐ 1 Bank

☐ Copies of any special licenses held
☐ Current WIP schedule
☐ Quality Assurance Plan
☐ Current Insurance Cert. all lines
☐ Articles of Inc. or Operating Agreement
☐ 1 yr pers FS & tax return, all owners & spouses
☐ IBCS Bond Request & Supporting Docs

Step Two

We provide forms and you return executed copies for our review by email or fax:

☐ General Indemnity Agreement
☐ Notification & Authorization
☐ Procedures Letter
☐ Banking Resolution

Step Three

When requested, send originals of the Step Two documents to our home office in Charlottesville, VA along with a non-refundable $750 Set-Up/Application fee. The final Underwriting Review takes place.

Step Four

We provide our underwriting decision which may include formal bond approval, line indication and /or bond invoice. Upon receipt of gross payment, the bond is promptly issued. For more info, visit us online and view our informative Brochure.

www.IBCS.com
Voice: 856-673-4135 Fax: (434) 974-5610

National Underwriting Office
1814 Marlton Pike East (Rte 70)
Cherry Hill, NJ 08003
Phone: 856-673-4135
Fax: (434) 974-5610

Home Office
944 Glenwood Station Lane
Charlottesville, VA 22901
Phone: 434-974-9777
Fax: (434) 974-5610

Contractor Questionnaire

Business Information

Company Name: ____

Address: ____

Phone #______________________Fax # _______________________ Website: ____

Name of Contact Person: _________________________Contact Person's Email Address: ___________________Cell #______________

Federal Tax ID # _________________Total # of Employees: __________ Date Business Formed ________Date Incorporated__________

Dunn & Bradstreet #__________________________ Overnight Service (i.e. FedEx, UPS, etc.): _______ Acct #_________________

Type of Organization (check one): ___LLC ___Corporation ___Partnership ___Proprietorship ___Sub. S. Corporation

Does the company hold any certifications (i.e. WBE, MBE, 8a, HUBZone, etc)? ___Yes ___No
If yes, please list: ____
____

*****Attach a copy of your certification(s) *****

Company Ownership Information

List All Owners and/or Stockholders and Spouses of the Company

Legal Name: ____ Date of Birth: ________________________SSN #:_________________

Home Address: ____
(Street, City, State & Zip Code) **Do Not Provide a PO Box**

Home Phone: __________Title: ___________________ % Ownership ______ ___Married ___Single

Spouse's Legal Name: ______________________________ Spouse's SSN#: _________________

Legal Name: ____ Date of Birth: ________________________SSN #:_________________

Home Address: ____
(Street, City, State & Zip Code) **Do Not Provide a PO Box**

Home Phone: __________Title: ___________________ % Ownership ______ ___Married ___Single

Spouse's Legal Name: ______________________________ Spouse's SSN#: _________________

Legal Name: ____ Date of Birth: ________________________SSN #:_________________

Home Address: ____
(Street, City, State & Zip Code) **Do Not Provide a PO Box**

Home Phone: __________Title: ___________________ % Ownership ______ ___Married ___Single

Spouse's Legal Name: ______________________________ Spouse's SSN#: _________________

Legal Name: ____ Date of Birth: ________________________SSN #:_________________

Home Address: ____
(Street, City, State & Zip Code) **Do Not Provide a PO Box**

Home Phone: __________Title: ___________________ % Ownership ______ ___Married ___Single

Spouse's Legal Name: ______________________________ Spouse's SSN#: _________________

List any subsidiaries, holding companies and/or affiliates of the applicant company or entities that are owned/controlled by the owners and / or spouses listed above. **If there are none,** check here to so indicate: _____ No subsidiaries, holding companies and/or affiliates.

Firm Name	Ownership	Type of Business	Cross/Corp. Indemnity?
			___Yes ___No
			___Yes ___No
			___Yes ___No
			___Yes ___No
			___Yes ___No

*****Provide copies of most recent Tax Returns for each firm listed*****

Is full corporate and personal indemnity by all owners and spouses and affiliates of the company provided? ___Yes ___No
If no, please explain: ____
____

Has company ownership been unchanged for in the past two years? ___Yes ___No
If no, please explain____
____

Have provisions been made for continuation of the duties of the owner(s) and an orderly transfer of ownership in the event of death or disability? ___Yes ___No
If no, please explain____
____

Are all owners and spouses free of any record of criminal conviction? ___Yes ___No
If no, please explain____
____

Credit Reports: Are the individual owners / spouses and company credit reports free of negative items? ___Yes ___No
If no, please explain____
____

Has the company, any affiliate or subsidiary, or any owners / spouse or companies in which they have had an ownership interest or managerial role:

a. Ever defaulted on a contract? ___Yes ___No
b. Ever defaulted on a contract forcing the surety to suffer a loss? ___Yes ___No
c. Ever experienced a bankruptcy? ___Yes ___No
d. Been in Receivership? ___Yes ___No
e. Been liened by a taxing authority? ___Yes ___No
f. Is the company or any of its owners, officers or affiliates listed above currently involved in any litigation? ___Yes ___No
   If any answered Yes, please explain: ____

____
____

Company's Operations/General Information

Key Operating Personnel:

Name	Position/Responsibility	Age	Time In Position	Years in Industry

*****Provide resumes of Key Personnel*****

Control and supervision of contracts by owner(s) is performed on what basis: ___Daily ___Weekly ___Monthly

Name of contact person for monitoring bonded projects: ____

Phone: ______________________Fax: ___________________Email Address: _________________________Cell: ______________________

What class of construction work does company:

a. Generally do ____

b. Specialize in ____

c. At times handle ____

What is your geographic area of operation? ____

What percentage (%) of the company's work is for: ____________ Government Agencies _____________Private Owners

Is your firm unionized? ___Yes ___No

What percentage (%) of work is normally subcontracted to others? ______What trades do you normally subcontract? ______________________

Are bonds required from subcontractors or suppliers? ___Yes ___ No If yes, over what amount? ___________________________________

What is the single largest contract you expect to obtain in the near future? $___________________________

What is the largest backlog of work you anticipate to have in the near future? $________________________

What is your total revenue projected for the next twelve month period? $_____________________________

Do you presently own equipment necessary to complete the program outlined above? ___Yes ___ No

If no, will you be ___ buying ___ renting ___ leasing? Anticipated total acquisition cost (including down payment) $____________________

If leasing, what are the terms of the lease(s)? ____

Previous Bonding Companies:

Agent/Agency	**Carrier/Surety**	**Single/Aggregate**	**Funds Admin. or Collateral?**	**Reason For Leaving**

*****Attach a copy of the General Indemnity Agreement on file with the current surety*****

Largest Contract References

Owner on Contract: ___________________________ Project Name: ____

Contract $: _________________________ Gross Profit _______________Year Completed:_________________ Bonded ___ Yes ___ No

Brief Description of Work: ____

Contact Name: ____Phone: _____________________________________

Owner on Contract: ___________________________ Project Name: ____

Contract $: _________________________ Gross Profit _______________Year Completed:_________________ Bonded ___ Yes ___ No

Brief Description of Work: ____

Contact Name: ____Phone: _____________________________________

Owner on Contract: ___________________________ Project Name: ____

Contract $: _________________________ Gross Profit _______________Year Completed:_________________ Bonded ___ Yes ___ No

Brief Description of Work: ____

Contact Name: ____Phone: _____________________________________

Owner on Contract: ___________________________ Project Name: ____

Contract $: _________________________ Gross Profit _______________Year Completed:_________________ Bonded ___ Yes ___ No

Brief Description of Work: ____

Contact Name: ____Phone: _____________________________________

Banking Information

Name of Bank #1:____

Address: ____

Account Manager: __________________________________Phone #: _____________________Acct #(s): __________________________

With bank since: _______ Current line of credit amount: $____________ Amt in use: $____________When does it expire? _________________

*****Attach a complete copy of your current Banking Agreement*****

(*If Applicable)*
Name of Bank #2:____

Address: ____

Account Manager: ___________________________Phone #: ________________Acct #(s): ____________________

With bank since: _______ Current line of credit amount: $____________ Amt in use: $____________When does it expire? _________________
*****Attach a complete copy of your current Banking Agreement*****

Accounting Information

Name of CPA firm: ____

Address: ____

Contact Person: ______________________________ Phone: ______________Email:_____________________

On what basis are taxes paid? ___Cash ___Completed Job ___ Accrual ___ % of Completion

On what level of assurance are financial statements prepared? ___CPA Audit ___ Review ___ Compilation

How often are financial statements prepared? ___Annually ___Semi-Annually ___Quarterly ___Monthly

How often are internal financial statements prepared? ___Annually ___Semi-Annually ___Quarterly ___Monthly

Do you have a full time accountant on staff? ___Yes ___No Years of experience: _____ What accounting software do you use? _____________

What estimating software do you use? ________________________What job cost software do you use? ______________________________

Credit References

Give names of principal suppliers/subcontractors:

Name of Firm	Phone #	Material/Service Provided

The undersigned does hereby authorize *The IBCS Group* and it's designees to make inquiries including the obtaining of a credit report as necessary concerning the undersigned's financial standing, credit, or manner of meeting obligations. I understand this will be to verify the accuracy of the statements made and to determine my 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 by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Section 817.2334 (1) (b), F.S. "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, misleading information is guilty of a felony in the third degree."

Dated this _____ day of _______, 20 _ ____
By Title

____
Name of Company

Authorization and Credit Release:

____________________________________ ________________________________
Owner Date

____ ________________________________
Owner Date

____ ________________________________
Owner Date

____ ________________________________
Owner Date

Form **4506-T**

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**

▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506,** Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return

2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

INTERTHINX, 100 Chesterfield Business Parkway, 2nd Fl., Chesterfield, MO 63005 800-33-4510 ITHXAS07

Caution: ***DO NOT SIGN*** *this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.*

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ ____________

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . ☐

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . . ☐

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . . ☐

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . . ☐

Caution: *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

___/___/_____ ___/___/_____ ___/___/_____ ___/___/_____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Telephone number of taxpayer on line 1a or 2a
(   )

Sign Here

▶ **Signature** (see instructions) — Date

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** — Date

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Note. *You can also call 1-800-829-1040 to request a transcript or get more information.*

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501 978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705–B41 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

IBCS Group
944 Glenwood Station Lane, Suite 104
Charlottesville, VA 22901

Fax: (434) 974-5610

Bank Reference Request

Bank name: ____________________________ IBCS client name: ____________________________________

Edmund Scarborough, Individual Surety, has written or been asked to consider writing bonds for the above firm and your bank has been given as a reference.

Please furnish IBCS, Risk / Claims Manager for the Scarborough Bond and Guarantee Program, with the following information:

1. How long has this client above been with your bank? __________________
2. Approximate average bank balance last 6 months? ____________________
3. Have there been overdrafts? Float? Returned Checks? _______________
4. General Credit Experience: Excellent Good Fair Poor None
5. Was Security Pledged (describe)? __________________________________
6. Is there an established line of credit? Yes No
7. What is the gross amount overall? __________________________________
8. How much currently in use? _______________________________________
9. Average amount in use over prior year _______________________________
10. How is the line secured? ____
11. When does the current line expire? _________________________________
12. Are all loans current? Yes No
13. Have any loans been restructured to avoid delinquency (describe)? ____
14. Additional Comments:

Prepared by: ______________________________ on ____________________
(Signature of Bank Representative) (Date)

Printed name and title: ____
Phone: _________________________

Important! AFFIX DEPOSITORY STAMP HERE OR PRINT THIS DOCUMENT ON BANK LETTERHEAD:

The IBCS Group, Inc.

Authorized Risk / Claims Manager for the Scarborough Bond and Guarantee Program

BID OR PERFORMANCE BOND REQUEST

(Please allow seven days for processing.)

Fill in completely, **print out**, contractor signs, then email or fax to us with related papers.

Today is October 9, 2009

PLEASE ANSWER EVERY QUESTION IN THIS BOX

CONTRACTOR *(Name of Your Company)*

(Street address of Your Company, not a P.O. box)

OBLIGEE *(Who Bond is Made Payable to)*

OBLIGEE'S ADDRESS *(Complete Mailing Address of Obligee Including County)*

JOB DESCRIPTION *(Including Bid or Project Numbers, Project Location, Address Including County)*

CONTRACT DETAILS:	Date Work to Start
Sub Trades (if any) and $ Amounts or state 0%:	Completion Date Liquidated Damages / day $ Retainage Click % Maintenance Period Click Year(s)
Percent Subcontracted: %	Has work started? Click
Total Materials: % Total Labor: %	For multi-year service work, is bond annual? Click
Total Profit / Overhead: %	

Attach any requirements concerning the Surety (Bonding Company) that appear in the specs!

COMPLETE EITHER BID – OR - PERFORMANCE SECTION BELOW

BID BOND		**PERFORMANCE / PAYMENT BOND**
Date of Bid		Contract Price $
Time Click		Date of Contract
Estimated Contract Price $		If Bid provide results, name & $ amount:
Bid Bond % or Bid Bond $		2nd:
Your FedEx Number		3rd:
Attach key pages from Bid Invitation: Front, description of work, bonding requirements and any mandatory bond forms.		Perf. Bond % Pay. Bond %
(Note: $250 charge to re-issue bonds)		**Attach award letter, Schedule of Values and pages from spec that describe bonding requirements plus any mandatory bond forms. (Note: $250 charge to re-issue bonds)**

Current Work on Hand (Backlog - including ALL projects) $____________________

Amount currently available on Bank Line of Credit: $____________________

Prepared by (include name and title): ____________________

Phone: __________ Email: ________________ or Fax: __________

1. Applicant/Contractor agrees and acknowledges that the right to receive payment of the fee to be due under this bond, if issued, shall be assigned by the individual surety to IBCS Group, Inc., concurrently with execution of the bond by individual surety.
2. Subsequent to that assignment, fee payments and any other monies due pursuant to issuance of this bond or under the General Agreement of Indemnity shall be payable to IBCS Group, Inc., 944 Glenwood Station Lane, Suite 104, Charlottesville, VA 22901

944 Glenwood Station Lane, Suite 104
Charlottesville, VA 22901
Fax: (434) 974-5610 www.IBCS.com

Revised 9/23/09

The IBCS Group Inc.

944 Glenwood Station Lane, Suite 104
Charlottesville, VA 22901

Fax: (434) 974-5610

Supplier: ____
Name

____
Street Address

____
City State Zip

Account Name: ____

The above captioned company has applied for bonding with our firm. Please be kind enough to give us a credit rating based on the customer. This form is to be transmitted directly to the underwriter and is not to be transmitted through the applicant(s) or any other party.

Thank you.

Years Known: ____________________ Available Credit: __________________

Current Unused Credit:_________________ Past Credit Pay Record:___________

Remarks: ____

____

____

By: ____________________________________

____
Title

I hereby authorize you to provide this information and supply the underwriter identified above the information requested. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

X_______________________________________
Applicant

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if do not, your application for bonding may be delayed or rejected.

The IBCS Group Inc.
944 Glenwood Station Lane, Suite 104
Charlottesville, VA 22901

Fax: (434) 974-5610

Prior Owner Evaluation of Contractor Performance

To (Prior Owner):

____
(Firm Name)

Phone: ________________________ Fax: ________________________

Contractor Name: ____

The above company has listed you as a reference for bonding purposes, since they have completed a contract for you. In order for us to complete our underwriting, please assist us in our analysis by completing the following questionnaire & faxing back.

Your responses will be held in confidence, and you assume no liability as a result of replying. We appreciate your assistance!

Contract name: ____

Contract final amount: $_______________________ Completion date: _______________

Rating of Performance and Ability: ____

____

________________________________ Date: ________________
(Signature of Prior Owner)

Thank you!!

Fax back to (434) 974-5610