



Application No. \_\_\_\_\_  
(To be supplied by ESD once submitted)

APPLICATION FOR THE NEW YORK STATE SURETY BOND ASSISTANCE PROGRAM

**Company Information:**

Corporate Name \_\_\_\_\_

Corporate EIN/Tax ID \_\_\_\_\_

Mailing Address: (by fields: Street Address, Floor/Suite/etc., City, State, Zip Code)

Census tract: \_\_\_\_\_ Please go to this link to find your Census tract:  
<http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&refresh=t>

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Office phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Company website: \_\_\_\_\_

1. What is your company's trade?  General Contractor  Plumbing, Heating, HVAC  Electrical/Cabling  
 Interior Renovation/Trade  Heavy Roadwork  Highway, Bridge & Tunnel Construction  
 Metal, Iron & Steel Works  Masonry, Stone & Concrete  Site Work  Paving  Other \_\_\_\_\_

Please list the NAICS code for your specific business/trade: \_\_\_\_\_  
(Link to NAICS codes) <http://www.census.gov/eos/www/naics/>

2. Please list all principal owners and percentage of ownership: (Fields: Owner name, spouse's name, Social Security number for both)

Principal's Last Name	First Name	Birth Date	Social Security Number	% Ownership
Spouse's Last Name	Spouse's First Name	Spouse's Birth	Spouse's Social Sec. Number	

		Date		
Principal's Last Name	First Name	Birth Date	Social Security Number	% Ownership
Spouse's Last Name	Spouse's First Name	Spouse's Birth Date	Spouse's Social Sec. Number	
Principal's Last Name	First Name	Birth Date	Social Security Number	% Ownership
Spouse's Last Name	Spouse's First Name	Spouse's Birth Date	Spouse's Social Sec. Number	
Principal's Last Name	First Name	Birth Date	Social Security Number	% Ownership
Spouse's Last Name	Spouse's First Name	Spouse's Birth Date	Spouse's Social Sec. Number	
Principal's Last Name	First Name	Birth Date	Social Security Number	% Ownership
Spouse's Last Name	Spouse's First Name	Spouse's Birth Date	Spouse's Social Sec. Number	
Principal's Last Name	First Name	Birth Date	Social Security Number	% Ownership
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Spouse's Last Name	Spouse's First Name	Spouse's Birth Date	Spouse's Social Sec. Number	
Principal's Last Name	First Name	Birth Date	Social Security Number	% Ownership
Spouse's Last Name	Spouse's First Name	Spouse's Birth Date	Spouse's Social Sec. Number	

3. How long has the company been in business? \_\_\_\_\_ (years) Year formed \_\_\_\_\_
4. How many employees for this company? \_\_\_\_\_ (do not include sub-contractors)
5. How many full-time equivalent employees? \_\_\_\_\_ (Example: Two part-time employees working 20 hours per week equal one full-time person working 40 hours per week).
6. Certifications: Please check all certifications that apply: Minority Women Disadvantaged  
 Veteran 8(a) Other \_\_\_\_\_
7. Certified by (agency/agencies if more than one) \_\_\_\_\_
8. File number or certification number: \_\_\_\_\_  
(Please list each certification number separately if more than one)

9. Credit score – please supply the owner’s and spouse’s credit scores. A free copy of a credit report may be obtained by any number of entities via various credit report websites.

Company owner credit score: \_\_\_\_\_ Company Ownership %: \_\_\_\_\_ Spouse of owner credit score: \_\_\_\_\_  
Company owner credit score: \_\_\_\_\_ Company Ownership %: \_\_\_\_\_ Spouse of owner credit score: \_\_\_\_\_  
Company owner credit score: \_\_\_\_\_ Company Ownership %: \_\_\_\_\_ Spouse of owner credit score: \_\_\_\_\_  
Company owner credit score: \_\_\_\_\_ Company Ownership %: \_\_\_\_\_ Spouse of owner credit score: \_\_\_\_\_

If more than one owner, please provide the additional credit scores for all owner(s) and spouse. Note: % of ownership should equal 100%.

### Work History:

10. In the past, has your company completed a contract that required a bond?  Yes  No

11. Does the company currently have a bond line?  Yes  No

12. If the answer to Question 11 is “Yes”, please list the bond line for both single and aggregate. Single is the largest amount qualified for one project, aggregate is the total number of bonds (in dollars) that the underwriter will approve at one time.

Single: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

Current surety (if known): \_\_\_\_\_ (not agent or broker but underwriting company)

13. What are the 3 largest completed contracts by your company:

Name of Project Owner (who did you work for)	Contract Amount (\$)	Completion Date (month/ year)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

14. In the last 36 months, what is the range, in \$ amount, of contracts completed:  
\$ \_\_\_\_\_ (smallest) and \$ \_\_\_\_\_ (largest)

15. Estimated number of completed contracts per year:  1-10  11-25  25+

16. Average length of contract: \_\_\_\_\_  Months  Years (please specify months, years, etc.)

17. In your trade, how many additional employees do you hire for each \$250,000 of contract value?

\_\_\_\_\_

## Financial History:

18. Does the company currently have a bank line of credit? Yes No If Yes, Amount: \_\_\_\_\_

19. Name of Bank issuing line of credit:

\_\_\_\_\_

20. Annual Gross Revenues (before expenses) for past 3 years:

20\_\_                      20\_\_                      20\_\_  
\$ \_\_\_\_\_              \$ \_\_\_\_\_              \$ \_\_\_\_\_

21. Annual Net Profit (after expenses) for past 3 years:

20\_\_                      20\_\_                      20\_\_  
\$ \_\_\_\_\_              \$ \_\_\_\_\_              \$ \_\_\_\_\_

For any year there was a net loss, please indicate with a number in parentheses, ie (25,000).

22. Who prepares the company's financial statements? CPA Tax accountant Internal office/staff  
Other

**By submitting this application for access to the New York State Surety Bond Assistance Program, the undersigned applicant acknowledges and agrees that:**

(a) The Borrower authorizes the Surety Company to report to Empire State Development such information regarding the issuance of the surety to be enrolled into the New York State Surety Bond Assistance Program as Empire State Development may reasonably request and require;

(b) The Principals of applicant entity have not been convicted of a sex offense against a minor (as such terms are defined in section 111 of the Sex Offender Registration and Notification Act (42 U.S.C. 16911)). For the purposes of this certification, "Principal" is defined as "if a sole proprietorship, the proprietor; if a partnership, each partner; if a corporation, limited liability company, association or a development company, each director, each of the five most highly compensated executives, officers, or employees of the entity, and each direct or indirect holder of 20% or more of the ownership stock or stock equivalent of the entity."

(c) The applicant entity is not:

i. a business engaged in speculative activities that develop profits from fluctuations in price rather than through normal course of trade, such as wildcatting for oil and dealing in commodities futures, unless those activities are incidental to the regular activities of the business and part of a legitimate risk management strategy to guard against price fluctuations related to the regular activities of the business; or

ii. a business that earns more than half of its annual net revenue from lending activities; unless the business is a non-bank or non-bank holding company certified as a Community Development Financial Institution; or

iii. a business engaged in pyramid sales, where a participant's primary incentive is based on the sales made by an ever-increasing number of participants; or

iv. a business engaged in activities that are prohibited by federal law or applicable law in the jurisdiction where the business is located or conducted. (Included in these activities is the production, servicing, or distribution of otherwise legal products that are to be used in connection with an illegal activity, such as selling drug paraphernalia or operating a motel that knowingly permits illegal prostitution); or

v. a business engaged in gambling enterprises, unless the business earns less than 33% of its annual net revenue from lottery sales.

Electronic signature \_\_\_\_\_ (type name in box)

Manual signature \_\_\_\_\_

When completed, please submit the entire document to: [BAP@esd.ny.gov](mailto:BAP@esd.ny.gov)  
Upon review by ESD, an application number will be issued to you via email.