

UHLE INSURANCE SERVICES

Broker/Agent Lic. #0792694

SUBDIVISION BOND REQUEST FORM

DEVELOPER: _____

SUBDIVISION NAME: _____ TYPE OF PRODUCT: _____

DESCRIBE LOCATION: _____

TRACT NUMBER: _____ NUMBER OF UNITS: _____

SELLING PRICE OF UNITS: \$ _____ TO \$ _____

SQUARE FEET OF UNITS: _____ TO _____

ANTICIPATED START DATE: _____ COMPLETION DATES(Off Sites) _____
(Total Project) _____.

CONSTRUCTION LENDER: _____

LOAN OFFICER: _____

ADDRESS: _____ PHONE: () _____

AMOUNT OF CONSTRUCTION LOAN: \$ _____ EQUITY: \$ _____

AMOUNT ALLOCATED OF OFFSITE IMPROVEMENTS: _____

IS A SET ASIDE LETTER AVAILABLE YES NO

TYPE OF DISBURSEMENT: CASHIER CHECK VOUCHER STAGE REIMBURSEMENT

GENERAL CONTRACTOR _____

IMPROVEMENTS	COST	NAME OF SUNCONTRACTOR (IF APPLICABLE)	BOND SUBCONTRACTOR (Y) YES (N) NO
EXCAV., GRADING, CLEARING	\$ _____	_____	_____
ENGINEERING	_____	_____	_____
STREETS, CURBS, GUTTERS	_____	_____	_____
WATER	_____	_____	_____
SEWERS	_____	_____	_____
UTILITIES	_____	_____	_____
OTHER	_____	_____	_____

OBLIGEE (MUNICIPALITY REQUIRING BONDS): _____

ADDRESS OF OBLIGEE: _____

TYPE OF BOND	PERFORMANCE	LABOR & MATERIALS
GRADING IMPROVEMENTS	\$ _____	\$ _____
STRET IMPROVEMENTS	_____	_____
WATER IMPROVEMENTS	_____	_____
SEWER IMPROVEMENTS	_____	_____
STROM DRAIN IMPROVEMENTS	_____	_____
MONUMENT	_____	_____
MAINT. GUARANTEE	_____	_____
PROPERTY TAX	_____	_____
OTHER	_____	_____

P.O. Box 16506, Encino, CA 91416

Phone: (866) 439-2663 ~ (818) 345-5666 ~ FAX: (818) 345-1878

Email: uhleinsurance@gmail.com

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SUBDIVISION / GRADING BOND APPLICATION

1. NAME OF DEVELOPER: _____
2. TYPE OF ENTITY: CORPORATION PARTNERSHIP JOINT VENTURE
SOLE PROPRIETORSHIP
NUMBER OF YEARS IN BUSINESS: _____ CONTRACTORS LICENCE# _____
3. BUSINESS ADDRESS: _____
4. PHONE: _____ FAX: _____

PRINCIPALS OF THE COMPANY

POSITION OR TITLE WITH THIS FIRM: _____ % OWNERSHIP: _____
NAME: _____ SOCIAL SECURITY#: _____
RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ BUSINESS #: _____
SPOUSE'S NAME: _____ SPOUSE'S SS# _____

POSITION OR TITLE WITH THIS FIRM: _____ % OWNERSHIP: _____
NAME: _____ SOCIAL SECURITY#: _____
RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ BUSINESS #: _____
SPOUSE'S NAME: _____ SPOUSE'S SS# _____

POSITION OR TITLE WITH THIS FIRM: _____ % OWNERSHIP: _____
NAME: _____ SOCIAL SECURITY#: _____
RESIDENCE ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ BUSINESS #: _____
SPOUSE'S NAME: _____ SPOUSE'S SS# _____

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ACCOUNTING

NAME OF FIRM: _____ PHONE: _____
ADDRESS: _____
WHOM TO CONTACT: _____ YEARS WITH FIRM: _____
WHAT IS YOUR FISCAL YEAR END IS: _____
HOW OFTEN ARE STATEMENTS PREPARED AND ON WHAT BASIS : _____
COMPILATION _____ REVIEW _____ AUDIT _____

PERSONAL BANKING

NAME OF BANK: _____ PHONE: _____
ADDRESS: _____
YEARS WITH BANK: _____ CONTACT: _____
ACCOUNT NUMBERS: _____
LINE OF CREDIT\$: _____ HOW MUCH AVAILABLE: _____
EXPIRATION DATE: _____
(ATTACH COPIES OF PERSONAL BANK STATEMENTS TO VERIFY)

BUSINESS BANKING

NAME OF BANK: _____ PHONE: _____
ADDRESS: _____
YEARS WITH BANK: _____ CONTACT: _____
ACCOUNT NUMBERS: _____
LINE OF CREDIT\$: _____ HOW MUCH AVAILABLE: _____
(ATTACH COPIES OF BUSINESS BANK STATEMENTS TO VERIFY)

BONDING & INSURANCE:

NAME OF INSURANCE AGENCY: _____
MAILING ADDRESS: _____
PHONE #: _____ YEARS WITH AGENCY: _____

PRESENT/MOST CURRENT SURETY COMPANY: _____
NAME OF UNDERWRITER: _____
YEARS WITH THIS SURETY: _____ PHONE #: _____
LARGEST PROJECT BONDED WITH THIS COMPANY: \$ _____
WHEN ____/____ & TO WHOM: _____

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EACH OF THE UNDERSIGNED AFFIRMS THAT THE FOREGOING STATEMENT AND ANSWERS ARE TRUE AND CORRECT AND ARE MADE TO INDUCE THE SURETY COMPANY TO EXECUTE OR PROCURE THE EXECUTION OF SURETY BOND OR ANY EXTENTION, MODIFIACION, OR RENEWAL THEROF, ADDITION THERTO, OR SUBSTITUTION THEREFOR. EACH OF THE UNDERSIGNED FURTHER AFFIRMATION THAT HE /SHE UNDERSTANDS THAT SURETYSHIP IS CREDIT, AND AUTHORIZES SURETY, OR IT'S AUTHORIZED AGENT, TO GATHER INFORMATION IT CONSIDERS NECESSARY FOR EVEALUATING WHETER OR NOT CREDIT SHOULD BE GRANTED.

DATE: _____ COMPANY NAME: _____
BY: _____ TITLE: _____

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RESUME

NAME: _____ HOME PHONE (____) _____

HOME ADDRESS: _____
(Street, City, State & Zip Code)

PERSONAL DATA:

Date of Birth: ____/____/____ Social Security #: ____-____-____

Drivers License #: _____

Marital Status: _____ Spouses Name: _____

EDUCATION:

Did you graduate high school? YES _____ NO _____

College: 19____ to 19____ Name of School: _____

Courses studied: _____

Special education relating to current business activity or employment: _____

BUSINESS & PROFESSIONAL EXPERIENCE:

(Indicate: Firm Name, Length of Time Employed, Occupation/Position, Reason for Leaving and, if construction related, largest project you were involved in)

NO. OF YEARS WITH CURRENT EMPLOYER: _____ NO. OF YEARS IN THIS INDUSTRY: _____

Prior Employment:

From: ____/____/____ To: ____/____/____ Company: _____
Position: _____ Responsibilities: _____

From: ____/____/____ To: ____/____/____ Company: _____
Position: _____ Responsibilities: _____

From: ____/____/____ To: ____/____/____ Company: _____
Position: _____ Responsibilities: _____

From: ____/____/____ To: ____/____/____ Company: _____
Position: _____ Responsibilities: _____

PROFESSIONAL REFERENCES: (Name, Address, Phone Number, Length of Time Aquatinted)

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CA Broker/Agent Lic. #09; 48; 6~ E-mail: uhleinsuranceBi o clucom

P.O. Box 38728, Gpehpq, CA 91638

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PERSONAL FINANCIAL STATEMENT

AS OF _____, 20 _____

NOTE: This form is to be used for PERSONAL FINANCIAL STATEMENTS only. NOT TO BE USED FOR BUSINESS STATEMENTS

PERSONAL FINANCIAL STATEMENT OF:

NAME _____ S.S. NO. _____ D.O.B. _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

NAME OF SPOUSE _____ S.S. NO. _____ D.O.B. _____

BUSINESS PHONE _____ HOME PHONE _____

CURRENT ASSETS	CURRENT LIABILITIES	
Cash on hand (not in bank)	Notes payable to (names and addresses):	
Cash In following banks (names and addresses):	
.....	
.....	Sales contracts & chattel mtgs. (Sch 6)	
Stocks and bonds (Schedule 1)	Accounts payable	
Accounts receivable (Schedule 2)	Current portion of long term debt	
Notes receivable	Other current liabilities (Schedule 6)	
Other current assets (Itemize):	
.....	
.....	Current year's income taxes unpaid	
.....	Prior year's income taxes unpaid	
.....	Real estate taxes unpaid	
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES	
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):	
.....	
.....	
.....	TOTAL LONG TERM LIABILITIES	
TOTAL FIXED ASSETS	NET WORTH	
TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____

GIVE DETAILS _____

SCHEDULE 1. STOCKS AND BONDS

Name of security	No. shares	If any pledged, state to whom and for what purpose	Dividends paid last two years	Market value	Book value

TOTALS \$ _____ \$ _____

SCHEDULE 2. ACCOUNTS RECEIVABLE

Name and address (street and city) from whom due	For what is it due	When sold	When due	Amount

TOTALS \$ _____

SCHEDULE 3. NOTES RECEIVABLE

Name and address (street and city) from whom due	For what due	How secured	Date	Maturity	Amount

TOTALS \$ _____

SCHEDULE 4. REAL ESTATE

Description of property	Title in name of	Market value	Cost	DATE acquired	Amount encumbrance	Monthly payments	Monthly income

TOTALS \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

SCHEDULE 5. LIFE INSURANCE - CASH VALUE

Name of company	Policy number	Name of Insured	Beneficiary	Face value	Cash value	Amount borrowed

SCHEDULE 6. DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

Authority is hereby granted to any individual, firm or corporation, and any financial institution to furnish UHLE Insurance Services upon request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

SIGNED AND SEALED THIS _____ DAY OF _____ 20 _____

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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 our home office at (818) 345-5666

SAMPLE BANK LETTER BANK LETTERHEAD

DATE:

UHLE INSURANCE SERVICES.
P.O. Box 16506
Encino, CA 91416

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

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

BUSINESS CHECKING ACCOUNT: Acct #000000000-1; CURRENT BALANCE=
\$10,245.00; 6 mo. avg. Balance= \$18,700.00

BUSINESS CHECKING ACCOUNT: Acct #000000000-2; CURRENT BALANCE=
\$30,876.00; 6 mo. avg. Balance= \$32,500.00

PERSONAL CHECKING ACCOUNT: Acct #000000000-3; CURRENT BALANCE=
\$9,624.00; 6 mo. avg. Balance= \$3,200.00

PERSONAL SAVINGS ACCOUNT: Acct #100000000-1; CURRENT BALANCE=
\$12,900.00; 6 mo. avg. Balance= \$10,400.00

Certificate of Deposit in the name of John Doe or Jane Doe: No. 666666-1;
Amount= \$50,000.00;

Term= 1 year; Opened - 11/30/90; matures - 11/30/90; AUTOMATICALLY RENEWABLE

Mr. Doe also maintains a **Revolving line of Credit** in the name of ABC Construction Company for working capital. **AMOUNT = OPENED** - 6/12/91; **EXPIRATION** - 6/12/96; **SECURITY** - Trust Deed on 123 Elm St., Anytown, USA and personal guarantee of Mr. & Mrs. Doe; **TERMS** - 2% over banks prime rate but not less than 9%; **CURRENT AMOUNT OUTSTANDING** = \$22,670.00

Mr. Doe has conducted all of his relationships in a very satisfactory manner and is on of our most valued customers.

Very Truly Yours,

By: (Bank Officer)
Typed name and title

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FEE AGREEMENT

Principal:

The undersigned hereby understands that UHLE Insurance Services (hereinafter the "License") shall make every effort to secure, negotiate and procure the placement of Bond(s)/Insurance and to assist the undersigned in the preparation of any and all applications and other documentation for procurement of the Bond(s)/Insurance which the undersigned has requested.

As consideration for the above stated services by the Licensee, the undersigned agrees to pay the Licensee a fee in the amount of .5% to 10% of the bond amount, for the services that are involved in the preparation of any and all Bond(s)/Insurance services requested. Fees and premiums may earn interest. This undeclared income is non-refundable and fully earned as well as all fee charged.

In addition to performing the aforementioned services, the Licensee may also be acting on behalf of the insurer issuing the subject Bond(s)/Insurance and will be receiving a commission.

This agreement shall serve as the writing required pursuant to the rules set forth by the California Department of Insurance (Broker/Agents shall comply with their applicable state regulations regarding Fees).

Please sign and return

**UHLE Insurance
Services**
P.O. Box 16506
Encino, CA 91416

Agreement Accepted

By: _____
Title: _____

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