

**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:**