

Contractor's Questionnaire

Business Information

Business Name: _____
Please provide exact business name to be listed on your bond

Business Address: _____
Please list FULL address to be listed on your bond

Sole Proprietorship Partnership S Corp C Corp LLC EIN: _____

Effective Date of Business: _____ Year & State of Incorporation: _____

Work Phone: _____ Cell Phone: _____

Alternate Phone: _____ Fax Number: _____

E-mail Address: _____

Website: _____

Company Specialty: _____

Affiliated Companies: _____

% of Work Performed In-House: _____ % of Work Subcontracted: _____

Number of Employees: _____

Owner Information

Please list all owners, partners, stockholders and/or members.

Name: _____ **SSN:** _____

Home Address: _____

Title: _____ % of Ownership: _____

Spouse's Name: _____ Spouse's SSN: _____

Name: _____ **SSN:** _____

Home Address: _____

Title: _____ % of Ownership: _____

Spouse's Name: _____ Spouse's SSN: _____

Name: _____ **SSN:** _____

Home Address: _____

Title: _____ % of Ownership: _____

Spouse's Name: _____ Spouse's SSN: _____

Name: _____ **SSN:** _____

Home Address: _____

Title: _____ % of Ownership: _____

Spouse's Name: _____ Spouse's SSN: _____

Reference Information

Completed Projects

Please list 5 of the largest projects ever completed by your firm.

Project Title: _____ **Contract Amount:** _____

Obligee Name: _____

Obligee Address: _____

Contact Name: _____ Contact Phone: _____

Date Completed: _____ If Bonded, Name of Surety: _____

Project Title: _____ **Contract Amount:** _____

Obligee Name: _____

Obligee Address: _____

Contact Name: _____ Contact Phone: _____

Date Completed: _____ If Bonded, Name of Surety: _____

Project Title: _____ **Contract Amount:** _____

Obligee Name: _____

Obligee Address: _____

Contact Name: _____ Contact Phone: _____

Date Completed: _____ If Bonded, Name of Surety: _____

Project Title: _____ **Contract Amount:** _____

Obligee Name: _____

Obligee Address: _____

Contact Name: _____ Contact Phone: _____

Date Completed: _____ If Bonded, Name of Surety: _____

Project Title: _____ **Contract Amount:** _____

Obligee Name: _____

Obligee Address: _____

Contact Name: _____ Contact Phone: _____

Date Completed: _____ If Bonded, Name of Surety: _____

Prime Suppliers

Please list your 3 prime suppliers.

Company Name: _____ Contact Person: _____

Address: _____

Phone: _____ E-mail: _____

Company Name: _____ Contact Person: _____

Address: _____

Phone: _____ E-mail: _____

Company Name: _____ Contact Person: _____

Address: _____

Phone: _____ E-mail: _____

Company Background Information

Has your company ever been bonded? Yes No

Previous Surety: _____

Reason for changing sureties: _____

Largest Bonded Project: _____

Largest Work Program: _____

Has your company ever been declined for bonding? Yes No

Has your company ever failed to complete a project on schedule? Yes No

Is there any litigation or claims pending on completed work? Yes No

Has your company or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a surety? Yes No

Have any owners/partners/stockholders/members ever had an arrest, indictment, imprisonment or conviction?

Yes No

Financial Data

Date of Fiscal Year End: _____

CPA Name/ Address: _____

On what basis are financial statements prepared? Cash Accrual % of Completion Complete Contract

Classification of year-end financial statement: Audit Review Compilation

How often are financial statements prepared? Annually Semi-Annually Quarterly

Banking Data

Bank Name: _____

Contact Person: _____

Address: _____

Do you have an established line of credit? Yes No

Amount: _____

How much is currently available: _____

Expiration Date: _____

The line is Unsecured Secured

Type of Security: _____

Insurance Data

General Liability Insurance Carrier: _____

Hazardous Liability Insurance Carrier: _____

Workers Compensation Insurance Carrier: _____

This application consists of this instrument, the financial statement, and an indemnity, security, and trust agreement signed by the applicant with regard to the bond or bonds requested, such financial statement and agreements incorporated herein by reference.

The undersigned, and each of us authorized the Surety to obtain credit information and to make such other investigation, as it deems necessary to underwrite this application. The undersigned, and each of us further represent that the information contained in this application and all documents referred to herein is true and that such information is being submitted for the purpose of indicating Surety to issue bond(s) and that Surety is relying upon such information as a condition to the issuance of such bond(s).

In addition to the information contained in this application as well as the terms and conditions thereof, applicant acknowledges that he has been advised that the surety may, as additional collateral, require insurance on the principal or key employees with surety named as beneficiary. In case of death said collateral shall be used to indemnify surety against loss or expense. If said collateral shall be required, applicant agrees to provide same at issuance of bond or if unable to so provide, applicant agrees that surety may secure same at applicant's expense.

In the event that a bond or bonds are issued, the undersigned and all indemnitors of the undersigned, if any, agrees to pay or cause to be paid the premium at the rate charged therefore, and any additional charge for contract increases, if any, that may be due to Surety.

X _____
Signature & Title

Date: _____

X _____
Signature & Title

Date: _____