

Contractor's Questionnaire

(Please complete form in its entirety. If a question is not applicable, please type "N/A" in the space provided. This form must be typed.)

Name			
Address			F.E.I.N.
City	State	Zip	County
Phone	Fax		
Email	Web		
Type of Work Done			
Date Business Began		Fiscal Year End	

Operates as:

- Proprietorship
- Partnership
- LLC
- Corporation
- Subchapter S
- Joint Venture

Ownership (Complete for each person who owns 5% or more of the company. Attach additional sheets if necessary.)

Full Name	Title	% Owned	Date & Place of Birth	Social Security Number
Residence Address	Home Phone		Spouse's Full Name	Spouse's Soc Sec Number
Full Name	Title	% Owned	Date & Place of Birth	Social Security Number
Residence Address	Home Phone		Spouse's Full Name	Spouse's Soc Sec Number
Full Name	Title	% Owned	Date & Place of Birth	Social Security Number
Residence Address	Home Phone		Spouse's Full Name	Spouse's Soc Sec Number

- Is the company a subsidiary, parent or holding company of any other company? Yes No
- Has there been any change in the control of the company or any related entity in the past three years? Yes No
- Has the company ever failed to complete a contract? Yes No
- Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy or been placed in receivership? Yes No
- Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever held a senior management position with a firm that caused a surety or a bank loss? Yes No
- Are there any liens filed against the company or related entity? Yes No
- Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement? Yes No
- Are you involved in any litigation? Yes No

The owners listed above authorize the Surety to obtain individual personal credit information from a credit bureau.

Please explain any "Yes" answers to the above questions. Attach additional sheets if necessary:

- Are all owners willing to personally indemnify the bond carrier? Yes No
- Is a formal continuity plan in place for the succession of future management? Yes No

Is a formal buyout plan in place? Yes No Is it funded by life insurance or other means? Yes No

Background Information

How are taxes paid? % of Completion Completed Contract Other _____

Are taxes current? Yes No (If not, please explain) _____

Prior Bond Company _____ Largest Prior Bond _____

Reason for leaving bond company _____

What were gross annual receipts last fiscal year? _____

Largest Previous Work Program _____ Anticipated Amount of Work (next 12 months) _____

What % of work is performed as a general? _____ As a subcontractor? _____

What % of work is normally subcontracted? _____ Are major subs bonded? Yes No

Key Personnel

Name	Position	Yrs in Business	Yrs with Firm	Prior Company Experience

Professional Services

ACCOUNTANT

Firm Name	Phone	Fax
Address	Contact	Email

ATTORNEY

Firm Name	Phone	Fax
Address	Contact	Email

BANK INFORMATION

Bank Name	Phone	Fax
Address	Contact	Email
Do you have a bank line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much?	How much is owed?

INSURANCE INFORMATION - Attach Current Insurance Certificate

Firm Name	Phone	Fax	
Address	Contact	Email	
Type of Policy	Policy Number	Company	Exp. Date
General Liability			
Workers Comp			
Other			

Suppliers (Please complete in detail)

1	Firm Name	Phone	Fax
	Address	Contact	Highest Credit
2	Firm Name	Phone	Fax
	Address	Contact	Highest Credit
3	Firm Name	Phone	Fax
	Address	Contact	Highest Credit
4	Firm Name	Phone	Fax
	Address	Contact	Highest Credit
5	Firm Name	Phone	Fax
	Address	Contact	Highest Credit

Largest Jobs in the Last Five (5) Years (Please complete in detail)

1	Name of Project Owner or General Contractor	Phone	Fax
	Address	Contact	Contract Amount
	Job Description and Location		Year Completed
2	Name of Project Owner or General Contractor	Phone	Fax
	Address	Contact	Contract Amount
	Job Description and Location		Year Completed
3	Name of Project Owner or General Contractor	Phone	Fax
	Address	Contact	Contract Amount
	Job Description and Location		Year Completed
4	Name of Project Owner or General Contractor	Phone	Fax
	Address	Contact	Contract Amount
	Job Description and Location		Year Completed
5	Name of Project Owner or General Contractor	Phone	Fax
	Address	Contact	Contract Amount
	Job Description and Location		Year Completed

Additional Information

Please use the space below to provide additional information regarding your work experiences, history, unique capabilities, level and degree of computerization, etc. which would permit us to have a more complete understanding of your company.

The undersigned hereby affirms that the above statements and responses are accurate and authorizes the surety company to contact the references listed in this questionnaire. The undersigned further affirms and understands that suretyship is credit, and authorizes Surety, or its authorized agent, to gather information it considers necessary for evaluating whether or not credit should be granted.

Typed Name

Position

Signature

Date