



Contractors Surety Application Questionnaire

DATE: _____

AGENT: _____

GENERAL INFORMATION

Check one: Corporation Proprietorship Partnership LLC LLP

Contractor _____
(as name appears on license)

Phone # () _____
Fax # () _____

Address: _____ City: _____ State: _____ Zip: _____

License No: _____ License Class: _____ Tax I.D. No: _____

Date Business Started: _____ Date Incorporated: _____

Has there been any recent change in control of the company? Yes No
If yes, please explain: _____

Is the company or its owners connected with other companies as a subsidiary, parent, holding or affiliate? Yes No
If Yes, please explain: _____

CORPORATE OFFICERS, PARTNERS, "OWNERS & WIVES," plus KEY PERSONNEL:

<u>Name</u>	<u>Marital Status</u>		<u>Age</u>	<u>Position</u>	<u>%OF Ownership</u>	<u>Social Security #</u>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____	_____	_____
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____	_____	_____
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____	_____	_____
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____	_____	_____
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____	_____	_____

What class of construction do you specialize? _____

Annual Gross Sales Last Three Years: \$ _____ \$ _____ \$ _____
First Year Second Year Third Year

What was the largest backlog completed? \$ _____ # of jobs: _____ Year _____

LIST THE FIVE LARGEST CONTRACTS COMPLETED IN THE PAST FIVE YEARS?

Owner/Obligee	Phone Number	Contact Name	Contract Amount	Year
1)	()		\$	
2)	()		\$	
3)	()		\$	
4)	()		\$	
5)	()		\$	

NAME OF PRESENT AND PRIOR SURETIES:

<u>Surety</u>	<u>Agent/Broker</u>	<u>Phone Number</u> (include area code)
_____	_____	_____
_____	_____	_____

Has the company (or any owner) ever defaulted on a contract forcing a Surety to suffer a loss? If so, please explain: _____

Does the company own adequate equipment? _____ And/or lease equipment? _____

Any current disputes on contracts? If so, please explain: _____

Are there any liens for Labor and/or Materials filed against the Company on any completed or uncompleted contracts? If so, please explain _____

LIST PRINCIPAL SUPPLIERS:

Name	Street Address, City, Zip	Phone Number
1)		()
2)		()
3)		()
4)		()
5)		()

FINANCIAL INFORMATION:

ACCOUNTING:

Name of accounting firm: _____ Phone # (area code): () _____

How many years has firm prepared: (1) Financial Statements: __ (2) Tax Returns: __

Fiscal Year End: _____ Are Corporate & Personal Taxes Current? _____

Basis of preparation of statements:

Tax Payments:

Completed Contract _____ Cash Basis _____ Completed Contract _____
 Simple Accrual _____ % of Completion _____ Simple Accrual _____ % of Completion _____

BANKING:

Name of Bank: _____ Account Manager: _____

Address: _____ Phone number: () _____ Ext: _____

Account Numbers: _____ Amount: \$ _____ Checking ___ Saving ___

Account Numbers: _____ Amount: \$ _____ Checking ___ Saving ___

Account Numbers: _____ Amount: \$ _____ Checking ___ Saving ___

Line of Credit \$ _____ Equipment \$ _____ Expiration Date: _____

How Secured: _____ Equipment: _____

Please attach a COPY of Bank Agreement and Note confirming the line.
 Please attach a COPY of the Bank Statements to verify cash (corporate and personal).

INSURANCE:

Life Insurance: \$ _____ Beneficiary _____

Key Employee: \$ _____ Beneficiary _____

Key Employee: \$ _____ Beneficiary _____

Buy and Sell Agreement? Yes ___ No ___ Disability Coverage? Yes ___ No ___

INDEMNITOR'S RESIDENTIAL INFORMATION:

Name	Street Address	City	St	Zip	Phone

BLANKET AUTHORIZATION FORM

NAME OF APPLICANT: _____

I / WE AUTHORIZE ANY INDIVIDUAL, FIRM OR CORPORATION AND ANY FINANCIAL INSTITUTION TO FURNISH "*SURETY COMPANY and/or AGENCY*" UPON ITS REQUEST, ANY INFORMATION PERTAINING TO OR CONCERNING THE UNDERSIGNED'S FINANCIAL STANDING, CREDIT OR MANNER OF MEETING OBLIGATIONS.

SIGNED THIS ___ **DAY OF** _____, **20**__

SIGNATURE

NAME AND TITLE

