

Know Surety Bonds.com

Contractor's Questionnaire

Thank you for the opportunity to allow us to secure a bonding line for your company. In order for us to better evaluate your company and obtain the best possible bond program, please fill out the form as detailed and accurately as possible.

Company Name and Address: _____

Phone #: _____ **Fax #:** _____ **Contact Person:** _____

Year Business Started: _____ **Year Incorporated:** _____

Federal Tax ID #: _____ **Contractor's License #:** _____

Corporate Structure: PLEASE CIRCLE ONE

CORPORATION	SUB S CORPORATION	LIMITED LIABILITY CORPORATION	PARTNERSHIP	JOINT VENTURE	SOLE PROPRIETORSHIP
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CORPORATE OFFICERS:

PRESIDENT	SECRETARY	TREASURER	VICE-PRESIDENT

KEY PERSONNEL:

NAME	POSITION	YEAR WITH FIRM	TOTAL EXPERIENCE

PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES:

NAME	LOCATION	OWNED BY	SCOPE OF OPERATION

Please answer all the following questions with "yes" or "no" answers. Please explain all "yes" answers in a separate page or at the end of questionnaire in the comments section.

	YES	NO
Has there been any change in the control of the company in the past 3 years?		
Does the company have a continuity plan in place.		
Has the company ever failed to complete a contract		
Has the company, any stockholder, owner, subsidiary, parent or affiliate ever filed bankruptcy or been in receivership?		
Are there any liens filed against the companies or related entity's projects?		
Is the company or any owners currently involved in any litigation?		
Is or has the company ever been in a claim with any surety company?		

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OWNERSHIP: PLEASE PROVIDE COMPLETE INFORMATION ON ALL OWNERS OF THE COMPANY

NAME AND POSITION:	% OWNERSHIP:	DATE OF BIRTH AND SSN:	ANY ASSETS HELD IN TRUSTS?
ADDRESS:	TELEPHONE #:	SPOUSE NAME:	SPOUSE SSN AND DATE OF BIRTH:

NAME AND POSITION:	% OWNERSHIP:	DATE OF BIRTH AND SSN:	ANY ASSETS HELD IN TRUSTS?
ADDRESS:	TELEPHONE #:	SPOUSE NAME:	SPOUSE SSN AND DATE OF BIRTH:

NAME AND POSITION:	% OWNERSHIP:	DATE OF BIRTH AND SSN:	ANY ASSETS HELD IN TRUSTS?
ADDRESS:	TELEPHONE #:	SPOUSE NAME:	SPOUSE SSN AND DATE OF BIRTH:

NAME AND POSITION:	% OWNERSHIP:	DATE OF BIRTH AND SSN:	ANY ASSETS HELD IN TRUSTS?
ADDRESS:	TELEPHONE #:	SPOUSE NAME:	SPOUSE SSN AND DATE OF BIRTH:

WILL YOUR FIRM, SUBSIDIARIES AND AFFILIATES AND ALL STOCKHOLDERS AND THEIR SPOUSES WILLINGLY INDEMNIFY FOR ANY AND ALL BONDED OBLIGATIONS? _____ YES _____ NO. IF THE ANSWER IS NO, PLEASE EXPLAIN _____

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SCOPE OF OPERATIONS:

BRIEFLY DESCRIBE THE TYPE OF WORK THAT YOU ARE ENGAGED IN: _____

STATE:	TYPE:	LICENSE #:	STATE:	TYPE:	LICENSE #:
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WHAT PERCENTAGE OF YOUR WORK IS PERFORMED AS A GENERAL CONTRACTOR? _____% AS A SUB-CONTRACTOR? _____%

WHAT PERCENTAGE OF YOUR DO YOU SUB-CONTRACT TO OTHERS? _____% DO YOU BOND THOSE SUB-CONTRACTORS? _____

TRADES THAT YOUR FIRM NORMALLY SUB-CONTRACTS OUT:

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DOES YOUR FIRM ENGAGE IN ANY ASBESTOS ABATEMENT OR HAZARDEOUS WASTE REMOVAL CONTRACTS? _____

LARGEST WORK ON HAND AT ANY ONE TIME IN THE LAST 2 YEARS WAS \$ _____ CONSISTING OF _____ CONTRACTS.

ACCOUNTING:

DATE OF FISCAL YEAR END: _____ NAME OF CPA: _____ NAME OF CPA FIRM: _____

ADDRESS OF CPA FIRM: _____ TELEPHONE #: _____ FAX #: _____

HOW MANY YEARS HAS THIS FIRM PREPARED YOUR FINANCIAL STATEMENTS? _____ TAX RETURNS? _____

ON WHAT BASIS ARE FINANCIAL STATEMENTS PREPARED?

CASH:	ACCRUAL:	COMPLETED CONTRACT:	% OF COMPLETION:
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ON WHAT BASIS ARE FINANCIAL STATEMENTS PREPARED?

CASH:	ACCRUAL:	OTHER::
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DO YOU HAVE A FULL TIME BOOKKEEPER/ACCOUNTING PERSON ON STAFF? _____ ARE JOB COST RECORDS KEPT? _____

SINCE THE LAST STATEMENT DATE, HAVE YOUR OPERATION BEEN PROFITABLE? _____ IF NO, PLEASE EXPLAIN _____

IS YOUR FIRM CURRENT ON ALL TAXES: WITHHOLDINGS, SALES, INCOME, ETC? _____ IF NO, PLEASE EXPLAIN _____

ARE THE OWNERS/STOCKHOLDERS/INDEMNITORS CURRENT ON ALL TAXES: WITHHOLDINGS, SALES, INCOME, ETC? _____

IF NO, PLEASE EXPLAIN _____

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ANY OPEN TAX LIENS? _____ IF YES, PLEASE EXPLAIN _____

BANK REFERENCES:

BANK NAME:	CONTACT PERSON:	ADDRESS:	PHONE NUMBER:	FAX NUMBER:

BANK NAME:	CONTACT PERSON:	ADDRESS:	PHONE NUMBER:	FAX NUMBER:

BANK NAME:	CONTACT PERSON:	ADDRESS:	PHONE NUMBER:	FAX NUMBER:

DO YOU HAVE A LINE OF CREDIT? _____ IF YES, HOW IS IT SECURED? _____

AMOUNT OF LINE? _____ HOW MUCH IN USE? _____ RENEWAL DATE: _____

BONDING:

PREVIOUS BONDING COMPANY:	BOND RATE:	AGENT/BROKER:	REASON FOR LEAVING:

HAS COLLATERAL EVER BEEN DEPOSITED WITH ANY PRIOR SURETY? _____ IF YES, PLEASE EXPLAIN THE FORM OF COLLATERAL AND THE AMOUNT: _____

HAS THE COLLATERAL BEEN RELEASED? _____

WHAT IS YOUR FIRM'S LARGEST SINGLE BONDED CONTRACT? _____ LARGEST BONDED WORK PROGRAM? _____

FIRM'S BONDING CAPACITY DESIRED: SINGLE PROJECT: _____ AGGREGATE PROGRAM: _____

INSURANCE:

WHO IS YOUR AGENCY/BROKER FOR INSURANCE? _____ CONTACT NAME AND PHONE # _____

DOES YOUR COMPANY CARRY THE FOLLOWING INSURANCE?

TYPE OF INSURANCE:	YES OR NO:	COMPANY:	LIMITS:
GENERAL LIABILITY			
AUTO LIABILITY			
PROFESSIONAL LIABILITY			
WORKER'S COMPENSATION:			

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BUSINESS LIFE INSURANCE:

NAME IF INSURED:	COMPANY:	BENEFICIARY:	AMOUNT:

PROJECT REFERENCES AND WORK EXPERIENCE:

LIST YOUR LARGEST COMPLETED JOB SINCE THE BUSINESS STARTED:

WHO DID YOU WORK FOR?	CONTACT NAME:	CONTACT TELEPHONE #:
JOB DESCRIPTION/LOCATION:	CONTRACT AMOUNT:	GROSS PROFIT:
COMPLETION DATE:	BONDED?	IF BONDED, NAME OF SURETY:

LIST THE 3 LARGEST JOBS COMPLETED IN THE LAST THREE (3) YEARS.

WHO DID YOU WORK FOR?	CONTACT NAME:	CONTACT TELEPHONE #:
JOB DESCRIPTION/LOCATION:	CONTRACT AMOUNT:	GROSS PROFIT:
COMPLETION DATE:	BONDED?	IF BONDED, NAME OF SURETY:

WHO DID YOU WORK FOR?	CONTACT NAME:	CONTACT TELEPHONE #:
JOB DESCRIPTION/LOCATION:	CONTRACT AMOUNT:	GROSS PROFIT:
COMPLETION DATE:	BONDED?	IF BONDED, NAME OF SURETY:

WHO DID YOU WORK FOR?	CONTACT NAME:	CONTACT TELEPHONE #:
JOB DESCRIPTION/LOCATION:	CONTRACT AMOUNT:	GROSS PROFIT:
COMPLETION DATE:	BONDED?	IF BONDED, NAME OF SURETY:

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LIST FIVE (5) MAJOR MATERIAL SUPPLIERS OR SUBCONTRACTORS YOU USE:

NAME OF COMPANY:	ADDRESS:	TELEPHONE #:	FAX #	ACCOUNT #:

ADDITIONAL COMMENTS:

RELEASE AUTHORIZATION AND INDEMNIFICATION

The above information is true to the best of my knowledge and belief. The undersigned hereby authorizes _____

_____ herein after called agency, or its surety companies to confirm any items contained in the questionnaire and to obtain additional information from any source, including obtaining credit reports, for legitimate purposes as determined by the agency. The undersigned also authorizes and request banks, CPA's, escrow companies and title companies to furnish any information requested by the agency or it's surety companies concerning any transactions with the undersigned. The applicant agrees to indemnify

_____ from and against any liability, loss, and expenses whatsoever, which the agency shall at any time sustain as the agent/broker for this applicant, or for the enforcement of this agreement, regardless of whether such liability, loss, costs, damages, attorney's fees and expenses are caused by the negligence of _____.

This is including but not limited to, the use and distribution of financial information and documentation to the surety companies, and any conflict that may arise under the provisions of privacy legislation.

APPLICANT SIGNATURE: _____ APPLICANT NAME: _____ TITLE: _____ DATE: _____

APPLICANT SIGNATURE: _____ APPLICANT NAME: _____ TITLE: _____ DATE: _____

APPLICANT SIGNATURE: _____ APPLICANT NAME: _____ TITLE: _____ DATE: _____