

Contractor's Questionnaire

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The purpose of this questionnaire is to develop sufficient information to assist us in evaluating the contractor's qualifications so that we will be in a position to provide **MAXIMUM BONDING CAPACITY**. If additional space is needed, attach extra pages. Please be certain that all questions are answered completely. If you require assistance on any section of this questionnaire, please call your agent, or broker.

GENERAL UNDERWRITING REQUIREMENTS
WE REQUIRE THE FOLLOWING DOCUMENTS TO ESTABLISH SURETY CREDIT:

- Completed Contractor's Questionnaire.
- Financial statements (complete with schedules and footnotes) for your company prepared under generally accepted accounting principles as of the last three fiscal year ends.
- Current work in progress schedule, listing all projects and work to be completed.
- Personal financial statements of all principals concurrent with your company's most recent fiscal year end.
- Copies of Business/Personal Bank Statements that will verify cash balance.
- Resumes of principal(s) and key personnel.
- Limited Liability Company Articles and Operating Agreement.
- Copy of bank loan agreement specifying line of credit.
- Copy of contractor's license(s).
- Copies of Trust Agreements (if any assets of owners are held in Trusts).
- Copy of Continuity Plan.
- Bid/contract information if specific bond is needed at this time.

CONTRACTOR

Name as licensed: _____

Business Address _____

Business Phone (_____) _____ Fax (_____) _____

Type of entity: CORPORATION SUBCHAPTER S CORPORATION LIMITED LIABILITY COMPANY
 PARTNERSHIP JOINT VENTURE SOLE PROPRIETORSHIP

Type of construction: _____ Year this business started: _____

What percentage of your work is performed as a general contractor? _____%, as a subcontractor _____%.

What percentage of your work do you typically sub to others? _____%. Do you bond your major subcontractors? _____

List construction license types held by firm with license number and state: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| ■ Is the company a subsidiary, parent, or holding company of any other company? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has there been any change in the control of the company or any related entity in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has the company ever failed to complete a contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy, or been placed in receivership? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are there any liens filed against the company's or related entity's projects? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Is the company, any stockholder, owner, partner or related entity an indemnitor or guarantor to any creditor? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Have any or all of the company's accounts receivable or retentions been assigned, pledged, hypothecated, sold or discounted? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are you involved in any litigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Do you have a continuity plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are any assets of the company or any indemnitor held in trust? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all "YES" answers below; use additional pages if necessary.



PRINCIPALS OF THE COMPANY

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM		YEAR BORN
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM		YEAR BORN
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM		YEAR BORN
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

BUSINESS BANKING

Name of Bank _____ Phone (____) _____ Fax (____) _____
 Address _____ Years with this Bank _____
 Contact _____ Account Numbers _____
 Indicate line of credit amount \$ _____ How secured? _____ How much in use \$ _____

ACCOUNTING

Name of accounting firm _____ Phone (____) _____ Fax (____) _____
 Address _____ Years with this Firm _____
 Contact _____
 Fiscal year end is _____ Audit/Review/Other _____ How often are financial statements prepared? _____
 Does this accounting firm also prepare the business and individual tax returns? _____ If not explain _____

 Date of last IRS audit _____ Results _____

BONDING

Who was your prior bonding company? _____
 Location _____ Underwriter _____ Phone (____) _____ Fax (____) _____
 Years with this bonding company _____ Date and amount of largest single contract bonded \$ _____
 Largest work on hand at any one time was \$ _____ during _____ and consisted of _____ contracts.
(YEAR)
 Bond credit desired: Single contract \$ _____ Total work program at any one time \$ _____
 Has any bonding company ever declined to furnish you or your company a bond? _____ If yes, why? _____

 Have you provided collateral to the bonding company? _____ If yes, describe _____
 Reason for changing bonding company? _____

INSURANCE

Does your company carry insurance for:	YES	NO	Limits	NOTE: It may be necessary to verify that specific insurance is in full force and effect prior to bond issuance.
■ Liability with completed operations	<input type="checkbox"/>	<input type="checkbox"/>	_____	
■ Workers' compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	
■ Property owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____	
■ Equipment owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____	
■ Business life insurance:				
Insured		Company	Beneficiary	Amount
_____		_____	_____	\$ _____
_____		_____	_____	\$ _____
_____		_____	_____	\$ _____

Who is your Broker/Agent for insurance? _____

REFERENCES

List the four largest contracts completed in the last five years:

OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	



List five principal material suppliers/subcontractors:

NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	

List three architects or engineers who are familiar with your work:

NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	

ADDITIONAL INFORMATION

Each of the undersigned affirms that the foregoing statements are true and are made to induce Developers Surety and Indemnity Company and Indemnity Company of California (hereinafter called Surety) to execute or procure the execution of surety bonds, and any extension, modification, or renewal thereof, addition hereto, or substitution therefor. Each of the undersigned further affirms and understands that suretyship is credit, and authorizes Surety, or its authorized agent, Insko Insurance Services, Inc., to gather information it considers necessary for evaluating whether or not credit should be granted. **See fraud warning on back cover.**

COMPANY NAME _____

DATE: _____ BY: _____ TITLE: _____

SUBMITTED THROUGH: _____

BROKER / AGENCY _____ ADDRESS _____

PRODUCER NO. _____

CONTACT _____ PHONE _____ FAX _____

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INSCO**BICO**
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