

Contractor's Surety Questionnaire

The purpose of the Contractor's Questionnaire is to develop sufficient information to assist the underwriter in evaluating the contractor's qualifications, in order that the underwriter will be in a position to provide the maximum bonding capacity. All information must be complete. If space is inadequate, please attached additional pages.

	<u>Gen</u>	<u>eral Business</u>	Information:			
Company Name (as licen	sed):					
Street Address:						
Mailing Address:		(Street, City, State & Zi	o Code)			
Bus. Phone: ()	Fax No	(Street, City, State & Zi o. ()	o Code) Fed. I.D.	No	_	
Date of Incorporation:						
Type of Firm: Corpora	tion Partnership	o Proprietorshi	p Sub S Corpo	oration	Limited Liability Comp	any
Number of Employees:						
Type of construction work	performed:					
List all State Contractor's L	icenses held by yo	ur company:				
State Lice	ense No.	Clo	ssification—Type of Work			
1. How much of your wor	rk is performed as: (General:		ontractor:	%	
2. What percentage of y	our work is normally	subcontracted?	%			
3. What trades do you no	ormally subcontrac	ļ\$				
4. What is your average						
 What are your anticip Single bond amount: \$ 				Α.		
6. What was your larges						
Total amount: \$						
7. List key personnel (off						
Name	Position	DOB	Yrs. Exper.	Previous E	Employer	
	· · · · · · · · · · · · · · · · · · ·			•	_	
					_	
				-		

8. List any life insurance in force on owner	ers and/or key person	nel:			
Name of Insured	Beneficiary		Amo \$		
Insurance Company:					
Insurance Company:					
9. Is there a buy/sell agreement in effect?	How is it fu	nded?			
What continuity provisions do you have	in place for the con	tinuation of	the compa	ny?	
Who will complete current projects sho	uld something happe			•	
Are there benefits for them to do so? _					
10. Are there any loans due from the own	ers and/or employee	es of this cor	npany?	Yes	No
11. Has your firm or any of its owners or off failed in business or defaulted on any	•	•	•	Yes	No
12. Is your firm or any of its owners or office	•				No No
(if yes, attach full explanation)	23 Concerny involved	iir iiiigaiioir ş		103	110
13. List any subsidiaries and affiliates of thi	s firm:				
Name	Owner	T [,]	ype of Busin	ness	
					
	<u> </u>				
14. Was there a predecessor firm?	If so, please name				
15. Do all owners and spouses agree to pe	ersonally indemnity?			Yes	No
	Financial Info	rmation			
Banking:					
Name of Bank:			•	,	
Mailing Address:(Street, City, State & Zip C	ode)		Yea	rs with this Bai	UKŠ
Have you established a Line of Credit?	Amount: \$_		Date	e established:	://
Security on LOC:		Bank Ot	ficer:		
Accounting and Financial:		Diaman	,		
Name of Accounting Firm:					
Mailing Address:(Street, City, State & Zip C	ode)				
Name of Accountant:				Years with	this firm?
Statements are prepared on what basis?	Compilation	Review	Audit		
Method of preparation:	% of Completion _		_ Complete	ed Contract _	
Cash					
On what basis are taxes paid?	$_\%$ of Completion $_$		_ Complete	ed Contract _	
Cash					
What is your fiscal year-end?(attach the last (2) fiscal year-end business financial st	How often	are financio	al statemen	ts prepared?	
Have operations been profitable since last					

	inding and Insurance: Ime of Insurance Agency:	Phone	s. ()				
7410	(Street, City, State & Zip Code)						
Na	me of Agent:		Years with this	agency?_			
Pre	esent or most recent Surety company:		_ Phone: ()				
Ye	ars with this surety company:	How many bonds dic	d you use last year?				
Но	w many final bonds did you need last year? _						
Lar	gest project bonded by this surety company:	\$	When?	/	/		
	<u>Co</u>	<u>ntractor Reference</u>	<u>es</u>				
	t the 3 largest projects completed in the Owner or G.C.:	-	on:				
	Mailing address:						
	Project Name and No.:						
	Contract amount \$			ted/	/		
	Description and location of work:						
2.	Owner or G.C.:	Contact Perso	on:				
	Owner or G.C.: Contact Person: Mailing address: Phone: ()						
	Project Name and No.:						
	Contract amount \$			red /	/		
	Description and location of work:						
3.	Owner or G.C.:	Contact Person:					
		Phone: ()					
	Project Name and No.:						
	Contract amount \$	Gross profit \$	Date Complet	ed/_	/		
	Description and location of work:						
Lis	t your 3 largest material suppliers:						
	pplier name: Contact Person:						
	Mailing Address:						
	Phone: ()	Facsimile: ()				
2.	Supplier name:	Contact Perso	on:				
	Mailing Address:						
	Phone: ()	Facsimile: ()				
3.	Supplier name:	Contact Perso	on:				
	Mailing Address:						
	Phone: ()	Facsimile: ()				

Company Ownership

List all owners and/or stockholders of the company:

Name:			Position/ Title	Ownership:%
Home address:				
	(Street, City, State & Zip Code)			
SSN:	Date of Birth	/ /	Home phone: ()
Spouse's name:		Spouse	e's employer:	How long?
Spouse's SSN:	P	ersonal Bank	::	
	••••••			
			Position/ little	Ownership:%
Tiorric address.	(Street, City, State & Zip Code)			
SSN:	Date of Birth	/ /	Home phone: ()
Spouse's name:		Spouse	e's employer:	How long?
Spouse's SSN:	Pe	ersonal Bank		
•••••	•••••••	••••••		••••••
Name:			_ Position/ Title	Ownership:%
Home address:				
	(Street, City, State & Zip Code)			
)
Spouse's name:		Spouse	e's employer:	How long?
Spouse's SSN:	Pe	ersonal Bank	::	
MADORTANTI DI F		••••••	••••••	••••••
Each of the unders made to induce the renewal thereof, of applied for is a crease Specialists, LLC, to evaluating whether	e Surety to execute or process substitution therefore. Each edit relationship, and hereby gather such credit informs a such credit should be grant to the su	cure the exect of the unity authorizes ation as it to ted.	ecution of surety bonds, condersigned further affirms at the Surety, or its authonomistics and considers necessary and	inswers given are the truth and are and any extension, modification, or that they understand the bond(s) rized agent, Construction Bonding d appropriate for the purposes of
Datea this	day of			
Ву:	ner or Proprietor)	By	/:(President, Partner	an Duancia kan

PLEASE ATTACH THE FOLLOWING:

- 1. Last 2 fiscal year-end business financial statements.
- 2. Personal financial statements on all owner(s).
- 3. Copy of a current insurance certificate showing Construction Bonding Specialists, LLC as a certificate holder.

PLEASE PROVIDE THE FOLLOWING FORMS:

- a) Aging of accounts receivables.
- b) Resumes for all owners and key employees.

ADDITIONAL INFORMATION MAY BE REQUIRED. YOU WILL BE ADVISED IF THIS IS THE CASE.

CONSTRUCTION BONDING SPECIALISTS, LLC