



CONTRACTOR QUESTIONNAIRE

COMPANY INFORMATION

Name of Company: _____

Contact Name: _____ E-mail Address: _____

Company Address: _____

Phone: _____ Fax: _____

Web Site: _____

State of Incorporation: _____ Year Started: _____

Tax ID: _____ Is your firm union? Yes No

Contracting Specialty: _____
 Geographic Area(s) of Operation: _____

Type of Business C-Corp. Sub S. Corp. Part Prop. LLC

OFFICER INFORMATION

List the corporate officers, partners, or proprietors of your firm:

Legal Name:	Date of Birth	SSN	Legal Name of Spouse	Spouse SSN
1. _____	/ /	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned</i> _____	<i>% Home Address:</i> _____	_____	<i>Phone:</i> _____
2. _____	/ /	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned</i> _____	<i>% Home Address:</i> _____	_____	<i>Phone:</i> _____
3. _____	/ /	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned</i> _____	<i>% Home Address:</i> _____	_____	<i>Phone:</i> _____
4. _____	/ /	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned</i> _____	<i>% Home Address:</i> _____	_____	<i>Phone:</i> _____
5. _____	/ /	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned</i> _____	<i>% Home Address:</i> _____	_____	<i>Phone:</i> _____

Will the above individuals and spouses personally indemnify Surety? Yes No (explain below)

If No, explain: _____

Is there a buy/sell agreement among the owners of the business? Yes No

Is this agreement funded by life insurance? Yes No

If Corporation- Name of Corporate Secretary _____

Home Address: _____ City _____ State _____ Zip _____

Phone: _____

BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? If so, please attach explanation. Yes No

Is your firm or any of its owners or officers currently involved in any litigation? If so, please attach explanation. Yes No

What percentage of the firm's work is normally for: _____ Government Agencies _____ Private Owners _____

What trades do you normally undertake with your own forces? _____

What percentage of the firm's work is normally subcontracted to others? _____

What trades do you normally subcontract? _____

What is your sub bonding policy? _____

What was your largest uncompleted backlog? Amount: \$ _____ Year: _____

What is the largest job you expect to do during the next year? _____

What is the largest backlog expected next year? _____

What is your expected annual volume? _____

Do you lease equipment? Yes No Type of lease: _____

What are the terms of the lease? _____

FINANCIAL INFORMATION

Name of CPA Firm _____ Fiscal Year End: _____

Contact Name: _____ E-mail: _____

Company Address: _____

Company Phone: _____ Fax: _____

On what basis are taxes paid? Cash Completed Job Accrual % of Completion

On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion

On what level of assurance are financial statements prepared? CPA Audit Review Compilation

How often are internal financial statements prepared? Annually Semi-Annually Quarterly Monthly

Do you have a full time accountant on staff? Yes No Professional designations: _____

What accounting software do you use? _____

What estimating software do you use? _____

What job cost software do you use? _____

Name of Bank _____ Address: _____

Contact Name: _____ Phone: _____

Line of Credit: \$ _____ Expiration: _____ / _____ / _____

EXPERIENCE & REFERENCES

Previous Bonding Companies

Name	Reason for Leaving
1 _____	_____
2 _____	_____
3 _____	_____

List five of your largest contracts:

Job Name	Contract Price	Gross Profit	Completion Date:	Bonded?
1 _____ Contact _____	_____	_____	___/___/___ Phone/Fax Numbers	Yes <input type="checkbox"/> NO <input type="checkbox"/> P. _____ F. _____
2 _____ Contact _____	_____	_____	___/___/___ Phone/Fax Numbers	Yes <input type="checkbox"/> NO <input type="checkbox"/> P. _____ F. _____
3 _____ Contact _____	_____	_____	___/___/___ Phone/Fax Numbers	Yes <input type="checkbox"/> NO <input type="checkbox"/> P. _____ F. _____
4 _____ Contact _____	_____	_____	___/___/___ Phone/Fax Numbers	Yes <input type="checkbox"/> NO <input type="checkbox"/> P. _____ F. _____
5 _____ Contact _____	_____	_____	___/___/___ Phone/Fax Numbers	Yes <input type="checkbox"/> NO <input type="checkbox"/> P. _____ F. _____

List five of your major suppliers

Name	Phone/Fax	Contact
1 _____	P. _____ F. _____	_____
2 _____	P. _____ F. _____	_____
3 _____	P. _____ F. _____	_____
4 _____	P. _____ F. _____	_____
5 _____	P. _____ F. _____	_____

List five subcontractors (or contractors if you are a subcontractor) that you do business with

Name	Phone/Fax	Contact
1 _____	P. _____ F. _____	_____
2 _____	P. _____ F. _____	_____
3 _____	P. _____ F. _____	_____
4 _____	P. _____ F. _____	_____
5 _____	P. _____ F. _____	_____

List three specialty trades you have done business with:

1 _____	P. _____ F. _____	_____
2 _____	P. _____ F. _____	_____
3 _____	P. _____ F. _____	_____

KEY PERSONNEL

List additional personnel key to your operations:

Name	Position	Birth Year	Yrs. Experience
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

LIFE INSURANCE INFORMATION

List any life insurance in effect on officers or key personnel:

Name Beneficiary	Amount	Insurance Company
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____

BUSINESS INSURANCE INFORMATION

Provide information on your business insurance:

Name of insurance broker/agency? _____

Agent's Name: _____ E-mail: _____

Fax: _____ Phone: _____

SUBSIDIARIES AND AFFILIATES

List any subsidiaries and affiliates of the contracting firm:

Company Name	Ownership	Type of Business	Cross/Corp. Indemnity?
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: _____

Attachments: Standard Contract Submission Requirements

- Financial statement on the company for the three (3) most recent fiscal year ends, including accounts receivable aging reports
 - Current company financial statement
 - Current financial statement for all indemnitors
 - Tax Returns on the company for last three (3) years if S-Corp, LLC or Partnership.
 - Current personal financial statement(s) on any owners with 10% or more interest in the company
 - Current bank reference letter for all business and personal bank accounts
 - Bank Revolving Line of Credit Agreement including all applicable terms and conditions
 - Current Work-on-Hand report
 - Business Plan
 - Buy/Sell Agreement
 - Specimen Copy of Subcontract Agreement
 - Certificate of Insurance
 - Resumes of Owners/Key Employees
 - Brochure and/or Letters of Recommendation about the accomplishments of your firm.
- Other, please describe below:

Applicant(s) hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Name of Company: _____

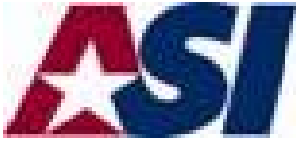
Completed by: _____

Title: _____

Signature: _____

Date: _____

Additional Remarks:



CONSENT TO CREDIT HISTORY

ATTACHMENT TO SURETY BOND QUESTIONNAIRE RE THE OBTAINING AND USE OF PERSONAL CREDIT HISTORY

The undersigned personal and/or business guarantor(s) acknowledge and recognize that his, her, or its individual or business credit history may be a necessary factor in the evaluation of this personal guarantee. The undersigned hereby consent to, and authorize American Safety Casualty Insurance Company, its agents, assigns, or successors to obtain, at any time, as they deem necessary, a consumer credit report on the undersigned. This authorization shall remain in full force and effect until cancelled in writing by both the undersigned and an authorized representative of American Safety Casualty Insurance Company, its agents, assigns or successors.

1.	X	<hr/>	
		Print Name	Signature
		<hr/>	
		Address	SSN
		<hr/>	
		City	State ZIP
2.	X	<hr/>	
		Print Name	Signature
		<hr/>	
		Address	SSN
		<hr/>	
		City	State ZIP
3.	X	<hr/>	
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4.	X	<hr/>	
		Print Name	Signature
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		Address	SSN
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		City	State ZIP
5.	X	<hr/>	
		Print Name	Signature
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		Address	SSN
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		City	State ZIP