

DiBuduo & DeFendis

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 & Spouses,":

Name	Title	% of Ownership	DOB	Soc Sec#	Spouse's Name	Soc Sec#
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

What class of construction do you specialize? _____

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

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

Owner/General Contractor	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: _____

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# () _____

Years with Firm? _____

Contact Name _____

Does the accounting firm prepare Financial Statements? _____ Prepare Tax Returns? _____

Compilation or Review? _____ Fiscal Year End? _____

BANKING:

Name of Bank: _____

Contact Name: _____

Address: _____

Phone number: () _____

Line of Credit, if so, amount of line? \$ _____

How Secured? _____

Expiration Date? _____

Please attach a COPY of Bank Agreement and Note confirming the line.

INSURANCE:

Life Insurance: \$ _____ Beneficiary _____

Key Employee: \$ _____ Beneficiary _____

Key Employee: \$ _____ Beneficiary _____

OWNER'S RESIDENTIAL INFORMATION:

Name	Street Address	City	St	Zip

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