

Contractor Bond Questionnaire

General Information



Contractor			
Address			
City		State	Zip
Phone Number (include area code)		Federal ID Number	
Type of work done?			
Operates as <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Date Business Began?		Fiscal Year End	
Have you or any principals ever :			
declared bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
been convicted of a crime other than a traffic violation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
been associated with a company that caused a surety a loss?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior or Current Bonding Company?		Largest Bond \$	
Reason for leaving bond company?			
What were your gross annual receipts last fiscal year?			
Largest previous Work Program \$			
Anticipated Amount Of Work (next 12 months)			
What percentage of work is normally sub-contracted?			
What is the company's policy requiring sub-contractors to bond?			
Ownership: Complete on an owner holding 5% or more interest in the company.			
A) Owner's Full Legal Name			
Home Address			
City		State	Zip
Phone			
% of Ownership	%	Drivers License #	Owner Social Security #
Spouse's Name		Spouse's Social Security #	



B) Owner's Full Legal Name

Home Address

City	State	Zip	Phone
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% of Ownership	%	Drivers License #	Owner Social Security #
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Spouse's Name	Spouse's Social Security #
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C) Owner's Full Legal Name

Home Address

City	State	Zip	Phone
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% of Ownership	%	Drivers License #	Owner Social Security #
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Spouse's Name	Spouse's Social Security #
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D) Owner's Full Legal Name

Home Address

City	State	Zip	Phone
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% of Ownership	%	Drivers License #	Owner Social Security #
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Spouse's Name	Spouse's Social Security #
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Life Insurance: List all insurance on key personnel.

INSURED	AMOUNT	BENEFICIARY	INSURER
	\$		
	\$		
	\$		

List largest completed jobs within the past five (5) years.

A) 1. Type of work

2. Contract Price \$	Date completed
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3. Owner's Name	Phone ()
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Address

City	State	Zip
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Architect or Engineer Name	Phone ()
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B) 1. Type of work		
2. Contract Price \$		Date completed
3. Owner's Name		Phone ()
Address		
City	State	Zip
Architect or Engineer Name		Phone ()
C) 1. Type of work		
2. Contract Price \$		Date completed
3. Owner's Name		Phone ()
Address		
City	State	Zip
Architect or Engineer Name		Phone ()
D) 1. Type of work		
2. Contract Price \$		Date completed
3. Owner's Name		Phone ()
Address		
City	State	Zip
Architect or Engineer Name		Phone ()
Banking Relations		
A.) Name of Bank		Phone ()
Address		
Does Contractor have a formal line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how much \$		
How much owed? \$		Loan Officer
B.) Name of Bank		
Address		Phone
Does Contractor have a formal line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how much \$		
How much owed? \$		Loan Office



Creditors: List suppliers for whom contractor buys most materials.			
Name	High Credit	Terms	
Address		Phone	
City	State	Zip	
Name	High Credit	Terms	
Address		Phone	
City	State	Zip	
Name	High Credit	Terms	
Address		Phone	
City	State	Zip	

List all firms in which the stockholders of this company have other ownership even if such companies are not considered affiliated

Name & Address (include City, State and Zip)	Stock Ownership	Scope Of Operations	Endorsements By Principal Or Stockholders

WE CERTIFY THAT INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. WE HEREBY AUTHORIZE SURETEC INSURANCE COMPANY TO INVESTIGATE DIRECTLY, THROUGH TRADE CREDIT REPORTING COMPANIES, AND THROUGH CONSUMER CREDIT REPORTING AGENCIES ANY INFORMATION PERTAINING TO THIS COMPANY AND/OR THE INDIVIDUALS INVOLVED IN THIS COMPANY. WE AUTHORIZE OUR BANKS, CREDITORS, AND SUPPLIERS TO RELEASE CREDIT HISTORY TO SURETEC INSURANCE COMPANY.

Signature

Date

Agency Information

Agency Name

Agency Contact

Address

Phone No.

Fax No.

Agent Code