

CONTRACTOR'S SURETY SURVEY

We welcome the opportunity to secure bonding credit for your company. The purpose of this questionnaire is to assist us in evaluating your qualification. Please complete this form as accurately as possible. Every questions is important; please answer each one.

CONTRACTOR'S NAME	PHONE NO.	DATE
ADDRESS (Street)	(City)	(State) (Zip)

GENERAL INFORMATION

FORM OF BUSINESS(CHECK ONE) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation	TYPE OF CONSTRUCTION PERFORMED	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union <input type="checkbox"/> Merit/Open Shop
GEOGRAPHIC AREAS OF OPERATION	STATES IN WHICH LICENSED TO DO BUSINESS IN?	
WHAT PERCENTAGE OF WORK IS YOUR CONTRACT DIRECTLY WITH: OWNER: _____ % GENERAL CONTRACTOR: _____ %	WHAT PERCENTAGE OF WORK IS NORMALLY SUBCONTRACTED TO OTHERS?	
WHAT TRADES ARE SUBCONTRACTED?	UNDER WHAT CONDITIONS DO YOU SECURE BONDS FROM YOUR SUBCONTRACTORS?	
DO YOU ENGAGE IN JOINT VENTURES? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW OFTEN ARE YOU REQUIRED TO PROVIDE BONDS? <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Very Seldom	

HISTORY

DATE BUSINESS ESTABLISHED	INCORPORATED	NAME OF PREDECESSOR COMPANY	WHEN DID CURRENT MANAGEMENT ASSUME CONTROL?
---------------------------	--------------	-----------------------------	---

ORGANIZATION – OWNERS AND KEY EMPLOYEES

NAME	YEAR BORN	% of STOCK	NAME OF SPOUSE	POSITION	HERE	OTHER

ARE THE OWNERS PERSONALLY ACTIVE IN THIS BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE ANY OF THE PRINCIPALS DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS ON SEPARATE SHEET
--	---

PARENT, AFFILIATE AND/R SUBSIDIARY COMPANIES

NAME	LOCATION	OWNED BY	SCOPE OF OPERATIONS

HAS ANY ENTITY IN WHICH THE CONTRACTOR, STOCKHOLDER OR RELATED COMPANIES HAVE FINANCIAL INTEREST, ENGAGED IN ANY FORM OF REAL ESTATE INVESTMENT, DEVELOPMENT OR BUILDING OR ANY OTHER RELATED ACTIVITIES?
 YES NO IF YES, DESCRIBE:

IN ADDITION TO CONTRACTING, WHAT OTHER BUSINESS ACTIVITIES ARE YOU OR DO YOU INTEND TO ENGAGE IN?

RESUME'				
PRINCIPAL'S NAME		STREET ADDRESS		
BUSINESS TELEPHONE NO.	HOME TELEPHONE NO.	CITY	ST	ZIP CODE
PERSONAL DATA				
DATE OF BIRTH	SOCIAL SECURITY NUMBER		MARITAL STATUS	
		<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W		
SPOUSES NAME		NAME & ADDRESS OF SPOUSES EMPLOYER		
POSITION & LENGTH OF EMPLOYMENT				
EDUCATION AND EXPERIENCE				
DID YOU GRADUATE HIGH SCHOOL	COLLEGE	NAME & LOCATION OF COLLEGE		
<input type="checkbox"/> Yes <input type="checkbox"/> No	19 ____ - 19 ____			
SPECIAL EDUCATION RELATING TO CONSTRUCTION AND/OR YOUR TYPE OF PROFESSION				

BUSINESS AND PROFESSIONAL EXPERIENCE RELATING TO CONSTRUCTION AND/OR YOUR TYPE OF PROFESSION	NAME OF PLANT	LENGTH OF TIME EMPLOYED	OCCUPATION	REASON FOR LEAVING
	DESCRIBE THE LARGEST PROJECT YOU WERE INVOLVED IN			

PERSONAL REFERENCES				
NAME	ADDRESS	PHONE NO.	LENGTH OF TIME KNOWN	
BUSINESS HISTORY				
HAVE YOU EVER BEEN OR ARE YOU NOW AN OWNER, PARTNER OR STOCKHOLDER IN ANY OTHER BUSINESS?		1. NAME OF COMPANY		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following				
2. TYPE OF BUSINESS	3. DATE BUSINESS BEGAN	4. <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership	5. PERCENT OF BUSINESS YOU OWN %	
6. NAMES OF OTHER OWNERS			7. ARE YOU CURRENTLY BONDED?	
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of bonding company	

8A. IF BUSINESS IS NO LONGER ACTIVE, STATE REASON AND DATES BUSINESS TERMINATED OPERATIONS				

8B. HAVE YOU OR ANY MEMBER OF THIS FIRM OR PREDECESSOR FIRMS WITH WHICH YOU HAVE BEEN INVOLVED, EVER DECLARED BANKRUPTCY, EITHER PERSONALLY OR CORPORATELY?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details				

CONTINUITY – JOB COMPLETION

IS THERE A FORMAL BUY-SELL AGREEMENT IN EFFECT? *(If yes, attach a copy)*
 Yes No

HOW IS THE BUY-SELL AGREEMENT FUNDED?

WHO IS THE BUY-SELL AGREEMENT BETWEEN?

AMOUNT OF LIFE INSURANCE PAYABLE TO THE CORPORATION

NAMED INSURED	INSURANCE COMPANY	AMOUNT	AMOUNT BORROWED	BENEFICIARY

WHAT ARRANGEMENTS HAVE BEEN MADE TO ASSURE CONTRACTS ARE COMPLETED IN THE EVENT THE OWNER(S) ARE NOT AVAILABLE?

WHAT INCENTIVES ARE GIVEN KEY EMPLOYEES TO FOLLOW THROUGH (BONUSES, PROFIT SHARING, ETC.)?

BANK REFERENCES

1		2	
BANK NAME		BANK NAME	
BANK ADDRESS		BANK ADDRESS	
CITY	STATE	ZIP CODE	
NAME OF LOAN OFFICER		NAME OF LOAN OFFICER	
TELEPHONE NO.	DATE ACCOUNT OPENED		
AMOUNT OF BANK LINE		AMOUNT OF BANK LINE	
\$	Unsecured \$	Secured	
DESCRIPTION OF SECURITY	<input type="checkbox"/> Accts. Receivable	<input type="checkbox"/> Equipment/Real Estate	
	<input type="checkbox"/> Inventory	<input type="checkbox"/> Personal Endorsement	
	<input type="checkbox"/> Contract Rights	<input type="checkbox"/> Other _____	
EXPIRATION DATE	AMOUNT OF BANK LINE CURRENTLY IN USE		
	\$		

REFERENCES

List Your 5 Major Suppliers

NAME/ADDRESS	TELEPHONE NO.	CREDIT MANAGER
1.		
2.		
3.		
4.		
5.		

AT YOUR PRESENT FIRM IS
 Paying within Terms 30-60 Days Late Discounting Bills
 0-30 Days Late Over 60 Days Late Special Terms

List 5 Subcontracts (Contractors if you are a subcontractor) with whom you have worked in the last 2 years

NAME/ADDRESS	TELEPHONE NO.
1.	
2.	
3.	
4.	
5.	

JOB EXPERIENCE (Continued) – Please list the six largest contracts completed in the last 5 years

1 JOB DESCRIPTION

OWNER	PHONE NUMBER	CONTRACT PRICE \$	AMOUNT OF PROFIT OR LOSS \$
-------	--------------	----------------------	--------------------------------

ARCHITECT/ENGINEER	PHONE NUMBER	DATE COMPLETED
--------------------	--------------	----------------

2 JOB DESCRIPTION

OWNER	PHONE NUMBER	CONTRACT PRICE \$	AMOUNT OF PROFIT OR LOSS \$
-------	--------------	----------------------	--------------------------------

ARCHITECT/ENGINEER	PHONE NUMBER	DATE COMPLETED
--------------------	--------------	----------------

3 JOB DESCRIPTION

OWNER	PHONE NUMBER	CONTRACT PRICE \$	AMOUNT OF PROFIT OR LOSS \$
-------	--------------	----------------------	--------------------------------

ARCHITECT/ENGINEER	PHONE NUMBER	DATE COMPLETED
--------------------	--------------	----------------

4 JOB DESCRIPTION

OWNER	PHONE NUMBER	CONTRACT PRICE \$	AMOUNT OF PROFIT OR LOSS \$
-------	--------------	----------------------	--------------------------------

ARCHITECT/ENGINEER	PHONE NUMBER	DATE COMPLETED
--------------------	--------------	----------------

5 JOB DESCRIPTION

OWNER	PHONE NUMBER	CONTRACT PRICE \$	AMOUNT OF PROFIT OR LOSS \$
-------	--------------	----------------------	--------------------------------

ARCHITECT/ENGINEER	PHONE NUMBER	DATE COMPLETED
--------------------	--------------	----------------

6 JOB DESCRIPTION

OWNER	PHONE NUMBER	CONTRACT PRICE \$	AMOUNT OF PROFIT OR LOSS \$
-------	--------------	----------------------	--------------------------------

ARCHITECT/ENGINEER	PHONE NUMBER	DATE COMPLETED
--------------------	--------------	----------------

CURRENT WORK ON HAND

Attach a "Schedule of Uncompleted Work" form concurrent with the latest fiscal year end statement furnished and a current report if the latest financial statement is more than 3 months old.

The following questions pertain to the latest "Schedule of Uncompleted Work" form. Explain any "YES" answers in the space provided below. If additional space is required, attach a separate sheet of paper.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Was your bid on the project more than 10% below that of the second bidder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any projects behind schedule to complete? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any delays or disputes on any projects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any in penalty for late completion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you perform any contracts involving hazardous waste, asbestos removal or encapsulating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EXPLAIN ANY "YES" ANSWERS HERE
(Attach additional sheets if necessary)

PRIOR SURETIES

NAME OF PRESENT SURETY	STREET ADDRESS		
CONTACT PERSON	CITY	ST	PHONE NO.
NAME OF PRESENT AGENT		STREET ADDRESS	
CONTACT PERSON	CITY	ST	PHONE NO.

HOW LONG HAVE YOU BEEN WITH PRESENT SURETY?	REASON FOR CHANGING:
---	----------------------

AS AN INDUCEMENT FOR BONDING, ARE YOU CURRENTLY PROVIDING:	<input type="checkbox"/> PERSONAL INDEMNITIES	<input type="checkbox"/> ADDITIONAL CORPORATE INDEMNITIES	<input type="checkbox"/> COLLATERAL
--	---	---	-------------------------------------

HAVE YOU BEEN REFUSED BY YOUR PRESENT OR PRIOR SURETY?	_____
<input type="checkbox"/> YES IF YES,	_____
<input type="checkbox"/> NO PLEASE EXPLAIN	_____

WHAT IS THE LATEST JOB BONDED?

WHAT IS THE LARGEST APPROVED PROGRAM?

INSURANCE CURRENTLY IN FORCE

TYPE	NAME OF INSURANCE COMPANY	LIMITS	EXPIRATION
PROPERTY			
EQUIPMENT			
INSTALLATION FLOATER			
BUILDERS RISK			
LIABILITY INCLUDING COMPLETED OPERATIONS			
UMBRELLA LIABILITY			
PROFESSIONAL LIABILITY			
FIDELITY/FORGERY			
ACCIDENT INSURANCE			
OTHER			
OTHER			

TYPE OF GENERAL LIABILITY COVERAGE	<input type="checkbox"/> Claims Made	<input type="checkbox"/> Occurrence
------------------------------------	--------------------------------------	-------------------------------------

SUITS, JUDGEMENTS, DEFAULTS and CONTINGENT LIABILITIES

HAS YOUR COMPANY OR ANY OFFICER OR ANY PARTNER EVER FAILED IN BUSINESS OR COMPROMISED WITH CREDITORS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR COMPANY EVER FAILED TO COMPLETE A CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER FAILED TO QUALIFY FOR A BOND AFTER AN AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR BOND CREDIT EVER BEEN TERMINATED BY A SURETY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ACTING AS A SURETY OR INDEMNITOR FOR OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ACTING AS ENDORSER FOR OTHERS ON THEIR NOTES OR ACCOUNTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES YOUR COMPANY OR ANY OFFICER OR ANY PARTNER OWE ANY MONEY TO A BONDING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR COMPANY OR ANY OFFICER OR PARTNER EVER REQUIRED ANY FINANCIAL ASSISTANCE OR BORROWED ANY MONEY FROM A BONDING COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ATTORNEY NAME	ADDRESS	PHONE NO.
---------------	---------	-----------

ANY LITIGATION CURRENTLY PENDING?	_____
<input type="checkbox"/> YES IF YES,	_____
<input type="checkbox"/> NO PLEASE EXPLAIN	_____

If any previous litigation, have attorney send a letter explaining details.

SCHEDULE OF UNCOMPLETED WORK (ALL WORK – BONDED & UNBONDED – IF COST PLUS PLEASE INDICATE)

NAME OF CONTRACTOR								DATE: AS OF:	
DESCRIPTION OF JOB	STARTING DATE	COMPLETION DATE	BONDED	UN-BONDED	CONTRACT PRICE (Including Cost of Approved Change Orders)	Contractors Est. Cost When Bid (Including Cost of Approved Change Orders)	TOTAL BILLED TO DATE Including Retainages (Explain Any Dispute Items)	TOTAL COST TO DATE	TOTAL REVISED ESTIMATED COST TO COMPLETE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
TOTALS									
TOTAL UNCOMPLETED WORK:		TOTAL UNCOMPLETED WORK BY SUBCONTRACTOR:		REMARKS _____ _____ _____					
BONDED		UNBONDED							
SIGNATURE									
TITLE									

CHECKLIST OF ITEMS NEEDED TO ESTABLISH BONDING LINE LIMITS:

1. Completed Contractors' Questionnaire (this form)

2. Financial Statements – signed by the owners.

Separate Financial Statements for each entity – CPA prepared.

All bond programs – past two years, plus six month interim statement prepared within the past 90 days.

Personal Financial Statements –
required for each owner with 5% or more ownership.
most current one year statement.

3. Personal resumes for all owners/key personnel (form attached).

Personal resumes should include the following information: names, residence address, date of birth, place of birth, marital status, formal education and employment history.

Employment history information on current and previous jobs should be included showing: employer's name, dates of employment, title/responsibilities and the type of business conducted.

4. Bank Reference Letter

The following information on the bank's letterhead is needed; number of years the contractor has been banking with this bank, average balance of deposits, has the bank loaned money to the contractor (maximum amounts loaned, secured and/or unsecured), any overdrafts or returned checks and any general comments.

This application consists of the instrument, the financial statements and all indemnity, security and trust agreements signed by the applicant with regard to the bond or bonds hereby requested, such financial statements and agreements being incorporated hereby by reference.

In addition, the routine verification of information pertinent to the bond applied for, if the application is by an individual primarily for personal purposes, or if the application is for a bond primarily for the benefit of a corporation and the said application is also executed by the officers of the corporation in a personal capacity, thereby acting as a co-guarantor thereof, ACSTAR Insurance Company may have an investigative consumer report made including information bearing on the character, general reputation personal characteristics or mode of living of said individual(s) and upon written request of said individuals will disclose in writing the nature and scope of the investigation requested.

The representations contained in this application and in the financial statements are warranted by the applicant to be true.

Dated _____ (x) _____

(x) _____

Subscribed and sworn to me on this the _____ day of _____, _____.

County of _____

Signature of Notary Public

State of _____

My commission expires: _____ (Place seal here)