

Contractor's Questionnaire

**Contractor's
Questionnaire**



AmTrust Surety
An AmTrust Financial Company



The purpose of this questionnaire is to develop sufficient information to assist us in evaluating the contractor's qualifications so that we will be in a position to provide **MAXIMUM BONDING CAPACITY**. If additional space is needed, attach extra pages. Please be certain that all questions are answered completely. If you require assistance on any section of this questionnaire, please call your agent, or broker.

GENERAL UNDERWRITING REQUIREMENTS
WE REQUIRE THE FOLLOWING DOCUMENTS TO ESTABLISH SURETY CREDIT:

- Completed Contractor's Questionnaire.
- Financial statements (complete with schedules and footnotes) for your company prepared under generally accepted accounting principles as of the last three fiscal year ends.
- Current work in progress schedule, listing all projects and work to be completed.
- Personal financial statements of all principals concurrent with your company's most recent fiscal year end.
- Copies of Business/Personal Bank Statements that will verify cash balance.
- Resumes of principal(s) and key personnel.
- Limited Liability Company Articles and Operating Agreement.
- Copy of bank loan agreement specifying line of credit.
- Copy of contractor's license(s).
- Copies of Trust Agreements (if any assets of owners are held in Trusts).
- Copy of Continuity Plan.
- Bid/contract information if specific bond is needed at this time.

CONTRACTOR

Name as licensed: _____ Tax I.D. Number _____

Business Address _____

Business Phone (_____) _____ Fax (_____) _____

Type of entity: CORPORATION SUBCHAPTER S CORPORATION LIMITED LIABILITY COMPANY
 PARTNERSHIP JOINT VENTURE SOLE PROPRIETORSHIP

Type of construction: _____ Year this business started: _____

Area of operations: _____

What percentage of your work is performed as a general contractor? _____%, as a subcontractor _____%.

What percentage of your work do you typically sub to others? _____%. Do you bond your major subcontractors? _____

List construction license types held by firm with license number and state: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| ■ Is the company a subsidiary, parent, or holding company of any other company? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has there been any change in the control of the company or any related entity in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has the company ever failed to complete a contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy, or been placed in receivership? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are there any liens filed against the company's or related entity's projects? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Is the company, any stockholder, owner, partner or related entity an indemnitor or guarantor to any creditor? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Have any or all of the company's accounts receivable or retentions been assigned, pledged, hypothecated, sold or discounted? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are you involved in any litigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Do you have a continuity plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are any assets of the company or any indemnitor held in trust? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all "YES" answers below; use additional pages if necessary.



PRINCIPALS OF THE COMPANY

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()	
DRIVERS LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM		DATE OF BIRTH
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()	
DRIVERS LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM		DATE OF BIRTH
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()	
DRIVERS LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM		DATE OF BIRTH
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

BUSINESS BANKING

Name of Bank _____ Phone (____) _____ Fax (____) _____
 Address _____ Years with this Bank _____
 Contact _____ Account Numbers _____
 Indicate line of credit amount \$ _____ How secured? _____ How much in use \$ _____

ACCOUNTING

Name of Accounting firm _____ Phone (____) _____ Fax (____) _____
 Address _____ Years with this Firm _____
 Contact _____
 Fiscal year end is _____ Audit/Review/Other _____ How often are financial statements prepared? _____
 Does this accounting firm also prepare the business and individual tax returns? _____ If not explain _____
 Date of last IRS audit _____ Results _____



BONDING

Who was your prior bonding company? _____
 Location _____ Underwriter _____ Phone (____) _____ Fax (____) _____
 Years with this bonding company _____ Date and amount of largest single contract bonded \$ _____
 Largest work on hand at any one time was \$ _____ during _____^(YEAR) and consisted of _____ contracts.
 Bond credit desired: Single contract \$ _____ Total work program at any one time \$ _____
 Has any bonding company ever declined to furnish you or your company a bond? _____ If yes, why? _____
 Have you provided collateral to the bonding company? _____ If yes, describe _____
 Reason for changing bonding company? _____

INSURANCE

Does your company carry insurance for:

■ Liability with completed operations	<input type="checkbox"/>	<input type="checkbox"/>	Limits _____	NOTE: It may be necessary to verify that specific Insurance is in full force and effect prior to bond issuance.
■ Workers' compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	
■ Property owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____	
■ Equipment owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____	
■ Business life insurance:	<input type="checkbox"/>	<input type="checkbox"/>	_____	

Insured	Company	Beneficiary	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who is your Broker/Agent for issuance? _____

REFERENCES

List the four largest contracts completed in the last five years:

OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()	
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()	
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()	
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()	
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED



List five principal material suppliers/subcontractors:

NAME	PHONE ()	FAX ()
ADDRESS		CONTACT
NAME	PHONE ()	FAX ()
ADDRESS		CONTACT
NAME	PHONE ()	FAX ()
ADDRESS		CONTACT
NAME	PHONE ()	FAX ()
ADDRESS		CONTACT
NAME	PHONE ()	FAX ()
ADDRESS		CONTACT

List three architects or engineers who are familiar with your work:

NAME	PHONE ()	FAX ()
ADDRESS		CONTACT
NAME	PHONE ()	FAX ()
ADDRESS		CONTACT
NAME	PHONE ()	FAX ()
ADDRESS		CONTACT

ADDITIONAL INFORMATION

Each of the undersigned affirms that the foregoing statements are true and are made to induce Developers Surety and Indemnity Company and Indemnity Company of California (hereinafter called Surety) to execute or procure the execution of surety bonds, and any extension, modification, or renewal thereof, addition hereto, or substitution therefor. Each of the undersigned further affirms and understands that suretyship is credit, and authorizes Surety, or its authorized agent, Insko Insurance Services, Inc., to gather information it considers necessary for evaluating whether or not credit should be granted. **See fraud warning on back cover.**

DATE: _____

COMPANY NAME _____

BY: _____ TITLE: _____

SUBMITTED THROUGH: _____

PRODUCER NO. _____

BROKER / AGENCY _____ ADDRESS _____

CONTACT _____ PHONE _____ FAX _____

STATE FRAUD WARNINGS

ALABAMA

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF. ALABAMA CODE SECTION 27-12A-20 SUBSECTION A.

ARKANSAS

ANY PERSON, WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. SECTION 23-66-503(A) OF THE ARKANSAS INSURANCE CODE.

COLORADO

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES. SECTION 1-01-127(I) COLORADO REVISED STATUTES.

DISTRICT OF COLUMBIA

IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT. DISTRICT OF COLUMBIA CODES, SECTIONS 22-3825.1 TO 22-3825.10.

FLORIDA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. CHAPTER 817.234 OF FLORIDA STATUTES.

KENTUCKY

ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME. KENTUCKY STATUTES, KRS 304.47-030.

MAINE

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS. MAINE INSURANCE CODE 24-A M.R.S.A. 2186(3).

MARYLAND

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. SECTION 27-805(b)(1) OF THE ANNOTATED CODE OF MARYLAND.

MINNESOTA

A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME. SECTION 60A.955 OF THE MINNESOTA STATUTES.

NEW JERSEY

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. SECTION 17:33A-6(c) OF THE NEW JERSEY STATUTES.

NEW MEXICO

ANY PERSON, WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. SECTION 59A-16C-8 NEW MEXICO STATUTES.

NEW YORK

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. NEW YORK INSURANCE LAW, SECTION 403(d).

OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING FALSE OR DECEPTIVE STATEMENT, IS GUILTY OF INSURANCE FRAUD. OHIO REVISED CODE SECTION, ORC 3999.21.

OKLAHOMA

ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, IS GUILTY OF A FELONY. OKLAHOMA STATUTES 36 O.S. 3613.1 O.R. 365: 15-1-10(c).

PENNSYLVANIA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL PENALTIES. 18 PA C.S.A SECTION 4117.

TENNESSEE

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. TENNESSEE CODE ANNOTATED SECTION 56-53-111(b).

VIRGINIA

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS. VIRGINIA STATUTES 52-40.

WASHINGTON

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS. WASHINGTON RCW 48.135.080.