

Contractor Bonding Questionnaire

I. General Information

1. Contractor
2. Address (include County & Zip Code)
3. Phone Number (include area code) Federal ID Number
4. Type of work done?
5. Operates as Proprietorship Partnership Corporation
6. Date Business Began? Fiscal Year End
7. Have you or any principals ever :
 - declared bankruptcy? Yes No
 - been convicted of a crime other than a traffic violation? Yes No
 - been associated with a company that caused a surety a loss? Yes No
8. Prior or Current Bonding Company? Largest Bond \$
9. Reason for leaving bond company?
10. What were your gross annual receipts last fiscal year?
11. Largest previous Work Program \$
12. Anticipated Amount Of Work (next 12 months)
13. What percentage of work is normally sub-contracted?
14. What is the company's policy requiring sub-contractors to bond?

15. Ownership: Complete on an owner holding 5% or more interest in the company.

- | | | | |
|--------------------|---|--|-------------------|
| A) Full Legal Name | | | Spouse's Name |
| Home Address | | | Phone |
| % of Ownership | % | | Social Security # |
| Drivers License # | | | |
| B) Full Legal Name | | | Spouse's Name |
| Home Address | | | Phone |
| % of Ownership | % | | Social Security # |
| Drivers License # | | | |
| C) Full Legal Name | | | Spouse's Name |
| Home Address | | | Phone |
| % of Ownership | % | | Social Security # |
| Drivers License # | | | |

16. Life Insurance: List all insurance on key personnel.

INSURED	AMOUNT	BENEFICIARY	INSURER
	\$		
	\$		
	\$		

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

- | | |
|-----------------------------|----------------|
| A) 1. Type of work | |
| 2. Contract Price \$ | Date completed |
| 3. Owner's Name and Address | |

4. Architect or Engineer (name & phone)

- B) 1. Type of work
 2. Contract Price \$ Date completed
 3. Owner's Name and Address

5. Architect or Engineer (name & phone)

- C) 1. Type of work
 2. Contract Price \$ Date completed
 3. Owner's Name and Address

4. Architect or Engineer (name & phone)

- D) 1. Type of work
 2. Contract Price Date completed
 3. Owner's Name and Address

4. Architect or Engineer (name & phone)

18. Banking Relations

- A) Name of Bank Phone
 Address
 Does Contractor have a formal line of credit? Yes No *If "yes", how much \$*
 How much owed? \$ Loan Officer
- B) Name of Bank Phone
 Address
 Does Contractor have a formal line of credit? Yes No *If "yes", how much \$*
 How much owed? \$ Loan Officer

19. Creditors: List suppliers for whom contractor buys most materials.

- | | | |
|---------|-------------|-------|
| A) Name | High Credit | Terms |
| Address | | Phone |
| B) Name | High Credit | Terms |
| Address | | Phone |
| C) Name | High Credit | Terms |
| Address | | Phone |

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

NAME & ADDRESS	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 NAME	
ADDRESS			
PHONE NO.		FAX NO.	
AGENT CODE			



COMPLETE TOP PORTION ONLY. PLEASE SIGN BY "X"

Bank verification: Please complete top portion and send to your bank(s) along with copy to SureTec Insurance Company. If we have not received the completed form from your bank(s) within a reasonable time, we will follow up. Thank you for your help.

Name and Address of Business

Name and Address of Bank

Acct. Numbers

Attention:

Name and Address of Personal Accounts

THE UNDERSIGNED HEREBY AUTHORIZES THE FOLLOWING INFORMATION TO BE RELEASED TO SURETEC INSURANCE COMPANY.

Acct. Number

X _____
Signature Date

BANK COMPLETE BOTTOM PORTION

We have been asked to write bonds or are currently writing bonds for the above applicant, and your bank has been given as a reference. Please complete the following:

THE CONFIDENTIALITY OF THIS INFORMATION WILL BE PRESERVED EXCEPT WHERE DISCLOSURE OF THIS INFORMATION IS REQUIRED BY APPLICABLE LAW. WE WILL NOT HOLD YOU OR ANY STAFF MEMBER RESPONSIBLE FOR THE ACCURACY OF THIS REPORT.

DEPOSITORY ACCOUNTS

- 1) This customer has been with our bank since
- 2) Please complete:

Account No.	Type	Average Balance (past 6 months)	Current Balance	Any Overdrafts? Floats? Returned Chks.?
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

CREDIT ACCOUNTS

- 3) We have granted credit to them since:
- 4) Current line of credit extended \$
- 5) Is this secured? If so, by what?
- 6) Current balance on the line:
- 7) Renewal date of the line:
- 8) Has the line been handled as agreed?
- 9) Other loans extended: Current balance \$ Monthly payments \$
- 10) Are these secured? If so, by what?
- 11) Have these been handled as agreed?
- 12) Your experience and opinion of this applicant's financial responsibility and business reputation:

BANK OFFICER

Thank you for your cooperation

Name

Phone

Signature X _____

Date _____

PERSONAL FINANCIAL STATEMENT

Name To Bank

Address

Telephone

Business or Occupation:

Partner or Officer in any other venture?

Are any assets pledged?

Have you ever made a composition settlement or taken bankruptcy? Explain:

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with above named Bank, for claims and demands against the undersigned, the undersigned submits the following as being a true and accurate statement of its financial condition on the following date, and agree that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against it, the undersigned will immediately and without delay notify the said Bank, and unless the Bank is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of the close of business _____, 19____. Income from alimony, child support or maintenance payments need not be revealed if the undersigned does not choose to disclose such income in applying for credit.

ASSETS

LIABILITIES AND NET WORTH

Cash on Hand and in Banks (Schedule 1)	\$	Notes Payable to Banks – Secured (Schedule 1)	\$
U.S. Government Securities	\$	Unsecured (Schedule 1)	\$
Accounts, Loans and Notes Receivable (Schedule 2)	\$	Notes Payable to Relatives	\$
Cash Surrender Value Life Insurance (Schedule 3)	\$	Accounts and Notes Payable to Others	\$
Other Stocks and Bonds (Schedule 4)	\$	Rents and Interest Due	\$
Real Estate (Schedule 5)	\$	Taxes Due (Schedule 5)	\$
Automobiles – Number ()	\$	Liens on Real Estate (Schedule 5)	\$
Other Assets (Itemize)	\$	Other Liabilities (Itemize)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

INCOME

CONTINGENT LIABILITIES

Salary	\$	As Endorser or Co-Maker	\$
Bonus and Commissions	\$	On Loans or Contracts	\$
Dividends and Interest	\$	Legal Claims	\$
Real Estate Income	\$	Provisions for Federal Income Tax	\$
		Other Special Debt	\$
TOTAL INCOME	\$		

INSURANCE COVERAGE

COMPARISON OF MONTHLY INCOME AND EXPENSES

Fire Insurance – Buildings	\$	Net Monthly Income	\$
Household Effects and Autos	\$	Rent or Home Payment	\$
Liability Insurance - Automobiles	\$	Food and Utilities	\$
Personal	\$	Incidentals	\$
General Public	\$	Avg. Amt. Paid on Open Accts.	\$
Other Insurance	\$	TOTAL EXPENSES	\$
		DIFFERENCE BETWEEN INCOME AND EXPENSES	\$

The Federal Reserve Bank does not warrant that this form meets current or future Federal Regulation. You are urged to consult with your bank's attorneys on future use of this form in its present format or your own revision.

SCHEDULES

No. 1 Banking Relations. (A list of all my bank savings and loan accounts.)

Name and Location	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

No. 2 Accounts, Loans and Notes Receivable. (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owing	Age of Debt	Description or Nature of Debt	Description of Security Held	Date Payment Expected
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

No. 3 Life Insurance.

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Yearly Policy	Amount of Yearly Premium	Is Policy Assigned?
				\$	\$		\$	
				\$	\$		\$	
				\$	\$		\$	
				\$	\$		\$	

No. 4 Other Stocks and Bonds.

Face Value Bonds No. Stock Shares	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	If Pledged State to Whom
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	
\$			\$	\$	\$	

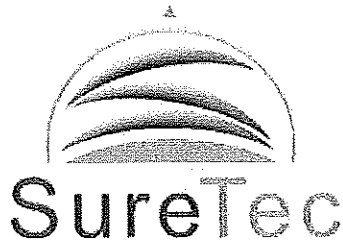
No. 5 Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates & Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amt.
					\$	\$		\$
					\$	\$		\$
					\$	\$		\$
					\$	\$		\$
					\$	\$		\$

The undersigned certifies that the information inserted on both pages hereof has been carefully read and is true and correct.

Date: _____

Signed: _____



Bid Bond Request Form

Agent _____
Address _____
Phone _____
Date _____

Fax _____

Contractor _____

Obligee _____
Address _____
Architect/Engineer
Address _____

Fax _____

Fax _____

Bid Date _____

Estimated Bid Amount
Bid Bond Percent
Project No. _____
Project Name &
Description _____

Date to Begin Work _____
Estimated Completion Date _____
Liquidated Damages/Penalty Clause _____
Retainage %: _____
Guarantee/Maintenance Period: _____

Subcontractors (if any work is subbed out, list below; if none, state so)

Name & Address _____
Trade _____
% of Contract _____
Bonded? _____

9737 Great Hills Trail, Suite 320
Austin, Texas 78759
512-732-0099 Fax: 512-732-2663

STATUS OF CONTRACTS

(Bonded and Non-Bonded Projects)

NAME AND ADDRESS OF CONTRACTOR	DATE		Billed to Date including adjusted	Total Cost to Date
Description of Jobs. Include jobs awarded but not started. Give complete information requested. Job Description _____ Owner _____ Contract Name _____ Contact Phone No. _____			\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
			\$	\$
Job Description _____ Owner _____ Contract Name _____ Contact Phone No. _____			\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
			\$	\$
Job Description _____ Owner _____ Contract Name _____ Contact Phone No. _____			\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
			\$	\$
Job Description _____ Owner _____ Contract Name _____ Contact Phone No. _____			\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
			\$	\$
TOTALS				
\$				

CONTRACTS COMPLETED SINCE LAST FISCAL CLOSING OR LAST STATUS REPORT

Job	Completion Date	Final Contract Price	Total Cost	Gross Profit or Loss
	\$			\$
				\$

Prepared By: _____ Name and Title