

**Contractor Bond Questionnaire** 

General Information

Contractor						
Address						
City		State	State			
Phone Number (include area code)			Federal ID Number			
Type of work done?						
Operates as Proprietorship Partnership Corporation						
Date Business Began?				Fiscal Year End		
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 tha	t caused a surety a loss?		Yes [	⊐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 Se	curity #	
Spouse's Name				Spouse's Social Security #		

B) Owner's Full Legal N	lame					
Home Address						
City				State	Zip	Phone
% of Ownership	%	Drivers License #		Owner Social Security #		
Spouse's Name				Spouse's Social Security #		
C) Owner's Full Legal N	lame					
Home Address						
City		Sta		State	Zip	Phone
% of Ownership	%	Drivers License	e #	•	Owner Social Security #	
Spouse's Name			Spouse's Social Security #			
D) Owner's Full Legal N	lame					
Home Address						
City				State	Zip	Phone
% of Ownership	%	Drivers License #			Owner Social Security #	
Spouse's Name			Spouse's Social Security #			
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			
3. Owner's Name Ph			Phone ( )			
Address						
City			State	Zip		
Architect or Engineer Name			Phone ( )			

B) 1. Type of work					
2. Contract Price \$			Date completed		
3. Owner's Name			Phone ( )		
Address					
ty State			Zip		
Architect or Engineer Name			Phone ( )		
C) 1. Type of work					
2. Contract Price \$			Date completed		
3. Owner's Name			Phone())		
Address					
City	City State				
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?	□ No	lf "yes",	how much \$		
How much owed? \$			Loan Officer		
B.) Name of Bank					
Address			Phone		
Does Contractor have a formal line of credit? □ Yes □ 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 OR MARKEL 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 OR MARKEL INSURANCE COMPANY.

Signature	Date
Agency Information	
Agency Name	Agency Contact
Address	
Phone No.	Fax No.
Agent Code	