



CONTRACTOR'S SURETY SURVEY

DATE: _____

NAME _____ PHONE _____

ADDRESS _____ FAX _____

- Corporation
- Partnership
- Limited Partnership
- Proprietorship

I. ORGANIZATION AND BACKGROUND

A. Date business formed _____ B. Date incorporated _____

C. If SUCCESSOR to prior business, name of predecessor organization: _____

D. List of officers and key personnel **(attach resumes)**

NAME Add spouse's full name	POSITION AND RESPONSIBILITY	AGE	PERCENT OWNERSHIP	YEARS IN CONSTRUCTION	YEARS WITH COMPANY	SOCIAL SECURITY NUMBER Add spouse's SS#

E. List of affiliated, subsidiary or related companies in which this firm or its stockholders have an interest

NAME & ADDRESS	STOCK OWNERSHIP	TYPE OF BUSINESS	ENDORSEMENT BY PRINCIPAL OR STOCKHOLDERS

F. Name surety company presently providing contract bonds and through which agency.

G. If change desired, why? _____

H. What company (companies) was surety prior to present one? (Indicate years.) _____

I. State limits and carrier of liability, property and compensation insurance. _____

II. SCOPE OF OPERATION

A. Type of construction engaged in:

- | | | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> General C. | <input type="checkbox"/> Electrical | <input type="checkbox"/> Sewer | <input type="checkbox"/> Roofing | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Excavating | <input type="checkbox"/> Water Lines | <input type="checkbox"/> Painting | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Concrete | <input type="checkbox"/> Paving | <input type="checkbox"/> Bridge Work | <input type="checkbox"/> Other _____ |

B. Geographical area _____

C. Percentage of work done as: 1. Prime C. _____ % Percentage of work bonded: _____ %

2. Subcont. _____ % Percentage of work public _____ % private _____ %

D. How much of an average job is: 1. Sublet _____ % 2. Made up of materials _____ %

E. Are bonds required from subcontractors? Yes No When? _____

F. What is the largest work on hand handled in the past year? _____ All time? _____ Year: _____

G. What size contracts do you think your organization is best able to handle? _____

How many? _____

H. Are you a union or non-union contractor? _____

I. List of largest jobs the firm has completed.

CONTRACT PRICE	DESCRIPTION OF JOB	YEAR COMPLETED	BONDED ?	OWNER OR GENERAL CONTRACTOR Include Phone & Fax No.	NAME AND ADDRESS OF ARCHITECT/ENGINEER Include Phone & Fax No.	GPM %

J. Has contractor or any of the owners ever:

1. Defaulted on a contract? Yes No If yes, give details _____

2. Caused a surety to pay a loss? Yes No If yes, give details _____

3. Petitioned for bankruptcy? Yes No If yes, give details _____

K. Is this organization presently engaged in any litigation Yes No If yes, explain _____

L. With respect to present work on hand: (Attach current W.O.H. form.)

1. Were bids in line with other bidders? Yes No If not, give details _____

2. Are projects all on schedule? Yes No If not, give details _____

3. Are any of the jobs in dispute? Yes No If yes, give details _____

M. Is equipment adequate for work program desired? Yes No If not, what expenditures are anticipated? _____

III. CREDIT INFORMATION

A. Suppliers: List principal suppliers

NAME	STREET ADDRESS	CITY & STATE	PHONE	FAX

1. Are you presently: Discounting Bills _____% Paying in 30 Days _____% Paying in 30-60 Days _____% Paying Over 60 Days _____%
2. If not Ppt/30, please explain _____

B. Bank

NAME & ADDRESS	PHONE	FAX	BANK OFFICER	LINE OF CREDIT	AMOUNT PRESENTLY AVAILABLE	NATURE OF SECURITY

C. Accountant

Name _____ Address _____
 Person to be contacted _____ Phone _____ Fax _____

IV. FINANCIAL DATA

ATTACH WORK ON HAND STATEMENT, PERSONAL FINANCIAL STATEMENTS ON ALL OWNERS.
 ATTACH LAST 3 FISCAL YEAR-END FINANCIAL STATEMENTS.
 IF STATEMENTS ARE NOT AUDITED, PLEASE INCLUDE WITH THE LAST YEAR END STATEMENT SUPPORTING SCHEDULES OF ACCOUNTS RECEIVABLE AND PAYABLE AND SCHEDULE OF BANK ACCOUNTS.

A. Date of organization's year end _____

B. What method of accounting is used in preparing statements? _____

- % of Completion Completed contract Simple accrual Cash

C. On what basis of accounting are taxes paid? _____

- % of Completion Completed contract Simple accrual Cash

D. Have stockholders elected to be considered a "Sub Chapter 'S' Corporation?" Yes No

E. In what year was contractor last checked by I.R.S.? _____

F. Is personal indemnity of the owners/stockholders available? Yes No

(Attach personal financial statements of indemnitors concurrent with fiscal year end of contractor)

G. Life insurance in force

NAME	CARRIER	BENEFICIARY	AMOUNT	SURRENDER VALUE

H. Is a buy-sell agreement in effect?

Yes No If yes, attach copy.

If buy-sell agreement is not available, what are buy-out provisions? _____

How is the continuity of the business to be funded? _____

I. Have operations been profitable since last statement date?

Yes No

J. How frequently are job costs reviewed? _____ By whom? _____

K. Have any changes occurred since last statement date such as purchase of additional equipment or other fixed assets, loans to officers, investments, withdrawals or dividends that would significantly affect the financial condition?

Yes No

L. Are any new ventures contemplated?

Yes No

V. SURETY CREDIT NEEDS

A. Desired annual sales volume: _____ 3 years from now: _____

B. Desired maximum uncompleted work-on-hand at any one time: _____ 1 year from now: _____

C. Desired maximum single job size: _____ 1 year from now: _____

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The information given above is true to the best of my knowledge and belief.

By _____

Title _____