



RECLAMATION BOND QUESTIONNAIRE

Email: Underwriting@SuretyOne.org | Facsimile: 919-834-7039 | Mail: P.O. Box 37284, Raleigh, NC 27627

1. Name of Firm:		Phone Number:
Address (Street, City or Town, State, Zip Code):		Federal Tax ID #:
Applicant's Email:	Contact Person:	Fax Number:

ORGANIZATION AND BACKGROUND

2. Type of business: <input type="checkbox"/> Corporation (<input type="checkbox"/> 'C' or <input type="checkbox"/> 'S') <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Proprietorship	Year business started:	Years operated under current management:
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3. Shareholders and Spouses:				
Name	Address	Date of Birth	Social Security Number	% Ownership (if any)
				%
				%
				%
				%
				%

4. Officers and Key Personnel:				
Name	Position	Years in Industry	Years w/Company	Previous Employer

5. Will shareholders and spouses personally indemnify Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide additional comment:

6. Are any shareholder assets held in trusts? Yes No

If trusts exist, will they indemnify surety? Yes No

If no, please provide additional comment:

7. Is a **formal** continuity plan in place for the succession of future management? Yes No

8. Is a **formal** buyout plan in place? Yes No

If so, is the buyout plan fully funded by life insurance or other means? Yes No

9. Parent / Subsidiary / Affiliated Companies:

Name	% of Common Ownership	Relationship	Federal Tax ID #	Function/Purpose of Company	Operating Company	
	%				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	%				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	%				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	%				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	%				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	%				<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Describe any capital requirements or contingent liabilities/guarantees provided to these affiliates/subsidiaries from the company or any of its owners. Please provide additional comment:

11. Has any individual or company listed above ever filed for bankruptcy or held a senior management position with a firm that has caused a surety or a bank a loss? Yes No
If yes, please provide additional comment:

12. Has your company ever defaulted on a contract? Yes No
If yes, please provide additional comment:

13. Is your company or any of its owners/officers currently involved in any litigation? Yes No
If yes, please provide additional comment:

BANKING

14. Name of Bank	How Long?	Contact / Phone Number
15. Revolving line of credit or working line? <input type="checkbox"/> Yes <input type="checkbox"/> No Facility Amount: \$		
Expiration Date: Amount Drawn: \$ Average Draw: \$		
16. Is the revolver secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of assets secured:		
Guarantors:		
17. Are letters of credit available? <input type="checkbox"/> Yes <input type="checkbox"/> No Cost of letters of credit?		
18. Have letters of credit been used to support contract bond needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are any currently outstanding in support of contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include a list of contracts.		

ACCOUNTING

19. Name of Accounting Firm	How Long?	Contact / Phone Number
20. On what level of assurance are financial statements prepared and how often (Annual / Semi-Annual / Quarterly / Monthly)?		
CPA Audit:	CPA Review:	CPA Compilation: Internal:
21. Do you have a full time accountant on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No Years of experience?		
22. In-house accounting software used:		
23. Is Percentage of Completion accounting used for contracts over 12 months in duration? <input type="checkbox"/> Yes <input type="checkbox"/> No		

INSURANCE

24. Coverage	Single Limit	Aggregate Limit	Name of Carrier	Expiration Date
General Liability	\$	\$		
Auto Liability	\$	\$		
Umbrella	\$	\$		
Workers Comp	\$	\$		
Professional Liability	\$	\$		
Environmental	\$	\$		

BOND REQUIREMENTS AND OPERATIONS

25. What is the total bond amount required?
Provide separate information for each site/permit.

26. Bond required by: Federal (BLM) State Local Agency Other

27. What is the geographic location of the operation?

28. Have you prepared a reclamation cost estimate? Yes No
If so, please provide the cost estimate worksheet.

29. What is the mineral or geo-product being extracted?

30. Has the applicant, any owner, director, officer, subsidiary or affiliate ever been issued a violation? Yes No
If so, please provide a full explanation.

PRIOR BONDING HISTORY

31. Name of Prior Surety(ies)	How Long?	Reason for Leaving

32. What is the most recent rate charged on surety bonds? \$ _____ (typically stated as rate per thousand)

The Applicant hereby represents that the above statements and responses are accurate and authorizes Surety One, its affiliates, and/or their agents to contact the references listed above. In addition, as part of our underwriting process, Surety One retains the right to investigate personal credit history. To the extent required by law, we will, upon request, provide notice whether or not a consumer report has been requested by Surety One, and if so, of the name and address of the consumer reporting agency furnishing the report.

PREPARED BY (Name)	POSITION	SIGNATURE	DATE

DOCUMENTS NEEDED

- Credit / background release from all owners and owners' spouses.
- Current personal financial statement from all owners and owners' spouses.
- Business financial statements: Current year-to-date and prior year end. Bond requirements of \$100,000 or greater require statements prepared by a certified public accountant.
- Applicant's current certificate of liability insurance with any environmental risk riders, endorsements or other enhancements.
- Business continuity plan in case of death or incapacity of owners/operators.
- Required bond form(s).