1. Name of Firm:					Phone Number:		
Address (Street, City or Town, State, Zip Code):					Federal Tax ID #:		
		Contact Pe	erson:	Fax Nu	ımber:		
☐ 'S') ☐ Partnership	Year bus	siness starte	ed: Years	operated under current	t management:		
, <u> </u>	ı		I				
Address		Dat	te of Birth	Social Security Number	% Ownership (if any)		
					%		
					%		
					%		
					%		
					%		
Position					Employer		
5. Will shareholders and spouses personally indemnify surety? Yes No							
6. Are any shareholder assets held in trusts?							
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?							
	OUND 'S')	OUND 'S')	OUND 'S')	Contact Person: Contact Person:	Contact Person: Fax Nu Contact Person: Fax Nu Contact Person: Fax Nu Contact Person: Fax Nu Contact Person: Fax Nu Person: Fax Nu		

8.	8. Is a formal buyout plan in place?							
	If so, is the buyout plan fully funded by life insurance or other means?							
9.	Parent / Subsidiary / Affiliated Companies:							
	Name	% of Common Ownership	Relationship	Federal Tax ID#	Function/Purpose of Company	Opera Comp		
		%				☐ Yes	□No	
		%				☐ Yes	□No	
		%				☐ Yes	□No	
		%				☐ Yes	□No	
		%				☐ Yes	□No	
		%				☐ Yes	□No	
	Describe any capital requirements owners. Please provide additional additional and the control of the control o	itional comment:						
11.	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.	12. Has your company ever defaulted on a contract? ☐ Yes ☐ No If yes, please provide additional comment:							
13.	13. Is your company or any of its owners/officers currently involved in any litigation?							
OPE	RATIONS							
14.	What percentage of revenues is	s derived from bon	ded contracts?	%				
15.	15. What percentage of the firm's work is normally performed as:							
Pri	ime Contractor: %	•						
Su	bcontractor: %							
Su	pply Obligations: %)						
16.	16. Type(s) of bonded contracts sought?							

17.	17. What percentage of the firm's work is typically subcontracted?							
18.	18. List the approximate % of work annually performed for the following types of owners:			19. List the approximate % of contracts undertaken using the following types of payment terms:				
	Governmental:	%		Fixed Price:			%	
	Institutional:	%		Cost - Plus:			%	
	Utilities:	%		Cost -Plu	ıs A Fixed Fee:		%	
	Industrial:	%		Cost - Plus With a Max. Upset Price:			%	
	Developers:	%						
	Others/Private Owners:	% 100%						
20.	20. Does any customer represent more than 20% of your annual revenues?							
21.	List the approximate % of contracts a methods:	acquired using the	e following	22. List	t the approximate % ones:	f contracts with the fo	ollowing billing	
	Hard (Public) Bid:	%)	Pro	gress Payments:		%	
	RFP/RFQ/Negotiated:	%)	Mile	estone Payments:		%	
	Purchase Order:	%)	,				
		100%		23. Typical retained percentage?			%	
	24. Percent of employees subject to collective bargaining agreement(s)? 8. Number of employees: 25. Number of employees: 26. In what geographic area do you work? Have you ever worked outside your normal geographic area? Yes No No Are you considering work outside your normal territory? Yes No No If yes, where?							
27.	27. Has the applicant and/or its related companies and owners engaged in: Joint Ventures:							
28.	List your primary competitors:							
29.	Largest 3 contracts completed:							
	Name of Owner/Project	Bonded?	Final Co	ntract Price	Final Gross Profit	Damages Assessed	Year Completed?	
	, , , , , , , , , , , , , , , , , , , ,	Yes No	\$		\$	\$		
		Yes No	\$		\$	\$		
		Yes No	\$		\$	\$		
BAN	KING	100 110	, ¥		1 7	<u> </u>	1	
30.	Name of Bank	How Lor	ng?		Contact / F	Phone Number		

31. Revolving line of credit o	r working line?	☐ Yes ☐ No I	Facility Amount: \$				
Expiration Date:		,	Amount Drawn: \$	Average Draw	: \$		
32. Is the revolver secured?							
33. Are letters of credit available?							
34. Have letters of credit been lf yes, are any currently of			?	If yes, please include a list of co	ontracts.		
ACCOUNTING							
35. Name of Accounting Firm	n	How Long?		Contact / Phone Number			
36. On what level of assuran	ce are financial state	-	nd how often (<u>A</u> nnual	/ <u>S</u> emi-Annual / <u>Q</u> uarterly / <u>M</u> on n: Internal:	thly)?		
37. Do you have a full time a	ccountant on staff?	☐ Yes ☐ No	Years of experi	ence?			
38. In-house accounting soft	ware used:						
39. Is Percentage of Comple	tion accounting used	for contracts over	12 months in duration	n?			
INSURANCE			<u>.</u>				
40. Coverage	Single Limit	Aggregate	e Limit	Name of Carrier	Expiration Date		
General Liability:	\$	\$					
Auto Liability:	\$	\$					
Umbrella:	\$	\$					
Workers Comp:	\$	\$					
Professional Liability:	\$	\$					
Other:	\$	\$					
CONTRACT RISK MANAGEN	MENT						
41. Do you utilize a standard	ized contract for the	work performed?	☐ Yes ☐ No If y	es, please attach copy of standa	ardized contract.		
42. Are there established procedures/authority for review of new bids? Yes No If yes, please provide additional comment:							
	ditional comment:						
43. What is the average cont		•	extensions)? Minimu	m:			
_	ract duration (include Maximun bonds on multi-year	contracts?	Minimu	m:			

46.	Bonding capacity needed for normal busing	ess activity:	Single b	ond size: \$	Aggregate program: \$		
47.	47. Do you bond subcontractors?						
	What criteria does the firm use to determin	e if a subco	ntractor w	ill be bonded?			
48.	Do you use other methods to secure performance	rmance of s	ubcontrac	tors and suppliers	?		
	If yes, please provide additional comment:						
	, , , , , , , , , , , , , , , , , , ,						
49.	Describe the internal procedures and author	ority guidelir	nes for app	proving contracts/p	proposals.		
	Please provide additional comment:						
PRIC	OR BONDING HISTORY			1			
50.	Name of Prior Surety(ies)	How Lo	ong?		Reason for Leaving		
51.	What is the most recent rate charged on si	urety bonds'	? \$		(typically stated as rate per thousand)		
	<u> </u>		•				
MIS	CELLANEOUS						
52.	Are the companies or shareholders listed a listed on this questionnaire? \square Yes \square N		as guara	ntors for bank, sur	ety, or other obligations for companies not already		
	If yes, please provide additional comment:						
53.	Through what fiscal year have your accour	nts been clea	ared as a	result of an I.R.S.	Audit?		
F.4		· lavv avita na		mated in view later	at financial statement?		
54.	Is your company involved in lien actions or		ot aiready	noted in your lates	st financial statement?		
	If yes, please provide additional comment:						
1							

COMMENTS

55	. Please provide additional information regarding your work experiences, history, unique capabilities, level and degree of computerization, etc., which would permit Surety One to have a more complete understanding of your company.
The	Applicant hereby represents that the above statements and responses are accurate and authorized Surety One, its offiliates

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

INFORMATION NEEDS

In order for us to respond timely to your request for credit, please enclose:

- · Last three fiscal year-end financial statements with appropriate supporting schedules
 - ~ Job schedules
 - Account receivable and payable aging schedules
 - ~ G&A schedule
- Current interim financial statement with appropriate supporting schedules
- Related party (if any) financial statements with appropriate supporting schedules
- Personal financial statements for all owners with appropriate supporting schedules
 - ~ Real estate schedule
 - Marketable securities schedule
 - ~ Investment schedule
- Trust agreements (if any assets of owners are held in Trusts)
- Operational information (i.e., organizational chart, resumes for owners and key personnel, reference letters, business plan outlining type of work, growth, and profit objective)
- Bank information (i.e., copy of bank lines/agreements)
- Continuity plan (i.e., life insurance, buy-sell agreement)
- Limited Liability Company Articles and Operating Agreement (if applicable)
- Copy of contract, specifications and bond forms for any pending requests.
- List of contracts supported by letters of credit (question 34).
- If standardized contract used, please attach copy (question 41).