

Contractor's Questionnaire Construction Bonds

General Information

Business Name: _____
 Primary Contact: _____ E-mail Address: _____
 Business Address: _____
 Business Phone: _____ Business Fax: _____
 Business Website: _____
 State of Incorporation: _____ Year Started: _____ Year of Present Management Control: _____
 Business Tax ID: _____ Is the Firm Union? Yes No Both
 Type of Business / Contract Specialty: _____
 LEED Project Experience? Yes No If yes, number of projects: _____ Number of LEED Certified Employees: _____
 Geographic Area of Operation: _____
 Business Type: C-Corp. Subchapter S Partnership Sole Proprietorship LLC LLP Other: _____
 Employee Count: Office _____ Field _____ Total _____
 Industry Affiliations/Memberships: AGC ASA ABC CFMA Other: _____
 Certifications: 8A HubZone SDVOSB WOSB Other: _____

Underwriting Questions

Does the Applicant have any other Surety bonds in force with any other Surety company? Yes No
 Has another Surety company declined to write this or any previous bond? Yes No
 Have you ever had a bond involuntarily terminated or cancelled? Yes No
 Has there ever been a claim or legal action against any bond executed on your behalf?..... Yes No
 Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens? Yes No
 Have you or any of your companies declared bankruptcy or become insolvent? Yes No
 Have you or any of your companies been the subject of any legal or administrative proceedings resulting
 in disciplinary action? Yes No
 Have you ever been convicted of a felony? Yes No
 Has the Applicant been in business under the current name and ownership for less than three years? Yes No
 Does the bond cover any type of environmental or pollution exposure? Yes No
Please provide additional details for all "yes" answers in the comments section on page 3.

Ownership Information

	Full Legal Name	Address	Title	SSN	E-mail	% Owned
1. Name:	_____	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____	_____
2. Name:	_____	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____	_____
3. Name:	_____	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____	_____

Business Details

Percent of work for: Government Owners _____ Private Owners _____ Other Contractors _____
 Trades undertake on own: _____
 Percentage of work subcontracted: _____ Type of work subcontracted: _____
 Do you require bonds of your subcontractors? Yes No If yes, what is the contract value threshold? _____
 Maximum size job undertaken? _____ When? _____ Profitable? Yes No Average Job Size: _____
 Largest backlog undertaken? _____ When? _____ Number of jobs? _____ Backlog this year? _____
 Do you lease equipment? Yes No Type of lease? _____
 Lease terms: _____

Key Personnel, Continuity, Insurance & Subsidiaries

Key Personnel:

	Name	Position/Title	Age	Years With Company	Years in Industry
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Continuity:

Does a buy sell agreement exist? Yes No If yes, funded by life insurance? Yes No

Please list life insurance policies in effect:

	Insured Name:	Beneficiary	Policy Limit	Insurance Company
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Business Insurance:

Insurance broker/agency: _____ Address: _____

Agent's Name: _____ E-mail: _____

Phone Number: _____ Fax Number: _____

Key Expiration Dates: _____

Subsidiaries or Affiliates:

	Name of Entity	Percentage Owned	Type of Business	FEIN	Cross/Corp. Indemnity
1.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Financial & Banking Information

Name of CPA Firm: _____ Fiscal Year End: _____

Contact Name: _____ E-mail Address: _____

Firm Address: _____

Phone Number: _____ Fax Number: _____ Website: _____

On what basis are taxes paid? Cash Completed Contract Accrual Percentage of Completion

On what basis are financial statement prepared? Cash Completed Contract Accrual Percentage of Completion

On what level of assurance are the financial statements prepared? Audit Review Compilation Internal Only

How often are internal financial statements prepared? Annually Semi-annual Quarterly Monthly

How are bills paid? Discounts taken for early pay Prompt according to terms Late, within _____ days of due date

Any material troubled A/R? Yes No If yes, explain: _____

Any changes to balance sheet (prior period adjustments) since last fiscal year end? Yes No If yes, please explain: _____

Do you have a full-time accountant on staff? Yes No If yes, name: _____

Staff Accountant's professional designations: _____

Accounting Software: _____

Estimating Software: _____

Job Cost Software: _____

Name of Bank: _____ Address: _____

Contact Name: _____ Phone Number: _____ E-mail: _____

How long with this bank? _____ Accounts: Checking Savings Term Loans Revolving Line of Credit

Line of Credit Established Since: _____ Max Capacity: _____ Line Expires/Renews? _____

Is line: Secured Unsecured If secured, by what? _____

Any other bank relationships? Yes No Special Purpose? _____

Experience & References

Previous Bonding Companies:	When?	Reason for changing?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Largest Completed Contracts:

Project Name & Contact Person / Phone Number	Contract Value	Gross Profit	Date Completed Bonded?
1. _____	_____	_____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No

Major Suppliers:

Name & Contact Person / Phone Number	Type of Product	Payment Terms
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Major trade subcontractors (or general contractors if you are a subcontractor):

Name & Contact Person / Phone Number	Trade	Last Used
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Additional Comments

Application Completed By: _____ Date: _____

Signature _____

Print Name & Title _____

The applicant and indemnitors hereby request Frankenmuth Insurance Company and any affiliated company, their successors, or assigns to become their surety. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information at the time of application and as needed, on an ongoing basis and to obtain additional information from any source, including obtaining credit reports at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion. Upon approval of any bond(s), the applicants and indemnitors will receive an e-mail with instructions on how to execute an indemnity agreement through an e-signature process, including instructions on how to review the indemnification agreement prior to execution.

Please speak with your agent for additional details.