



THE BOND CONNECTION
 PO Box 4164, Dana Point, CA 92629
 800-298-4826 949-248-1543
 www.bondconnection.com

Construction Contractor's Questionnaire

Business Name: _____
 Physical Address: _____ Telephone No: _____
 City: _____ State: _____ Zip: _____ County: _____
 Federal ID Number: _____ Website: _____

General Questions

Business Structure: LLC C Corporation Partnership Individual Sub-Chapter 'S' Corporation

Type(s) of construction performed: _____

Type of Shop: Union Non-Union Merit / Open Shop

Geographical Area of Operations: _____

Our contracts are with: Directly with owner (You as Prime contractor) _____ %
 General Contractors (You as Subcontractor) _____ %
 Subcontractors (You as Sub-subcontractor) _____ %

What trades are subcontracted? _____

When do you secure bonds from subcontractors? _____

How often are you required to provide bonds? Frequently Occasionally Very Seldom

History

Date business established: _____ Date Incorporated: _____ State of Incorporation: _____

When did current management assume control? _____

Organization / Owners / Key Employees

List all Owners & Officers

	Name	Position	% Owned	DOB	Social Security No.
1.					
2.					
3.					
4.					

	Spouse's Name	Social Security No.	DOB	Physical Home Address
1.				
2.				
3.				
4.				

Are all owners personally active in this business?

Yes No If no, please explain: _____

Are all owners and their spouse(s) willing to personally indemnify the bonding company?

Yes No If no, please explain: _____



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Current Work-on-Hand

The following questions pertain to the latest Work-On-Hand form furnished. **Please explain any "yes" answers.**

Was your bid on any project more than 10% below that of the second bidder and the engineer's estimate?

Yes No _____

Are any projects behind scheduled completion or in **Liquidated Damages** for late completion?

Yes No _____

Are there any delays or disputes on any projects?

Yes No _____

Accounting / Financial Reporting

Accounting Firm: _____ Name of Accountant: _____

Address: _____ Phone #: (_____) _____

City/State/Zip: _____ Date of your fiscal year end: _____

This firm is a: CPA Public Accountant Other This accounting firm is: Independent Internal

How many years has this firm prepared your financial statements? _____ Tax returns? _____

The year-end statement is: Full audit Partial audit Review quality Compilation

Method of accounting for financial reporting: % of completion Completed contract Accrual Cash

Method of accounting for tax purposes: % of completion Completed contract Accrual Cash

How often are interim statements prepared? Monthly Quarterly Semi-Annually

The interim statement is: Full audit Partial audit Review quality Compilation

Have your operations been profitable since the last statement date?

Yes No

Have there been any major changes in your financial condition since last statement date with respect to ownership, major loans or refinancing, major equipment purchases or leases, withdrawals or other?

Yes No

If yes, explain: _____

How often are internal cost accounting records updated to show changes in a job's profitability?

daily basis weekly basis monthly basis quarterly basis cannot tell until job is completed

Bonding & Insurance

List all bonding agencies and surety companies with whom you have dealt with in the past.

Bond Agency	Carrier/Surety	Year(s)	Reason for Leaving



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Date when last Performance Bond was provided: _____ Surety Company: _____

List all open bonds with other sureties (project name, contract amount, estimated completion date):

Name of Insurance Agent: _____ Phone #: (____) _____

Underwriting Questions

Please explain any "yes" answers.

Has your company or any officer or partner ever filed bankruptcy or otherwise been compromised with creditors?

Yes No _____

Is there currently any litigation pending or in process against your firm or any affiliate or officer?

Yes No _____

Has your company ever failed to qualify for a bond after an award of a contract?

Yes No _____

Has your company ever failed to complete a contract?

Yes No _____

Has your bond credit ever been terminated by a surety?

Yes No _____

Is your company, any Affiliate, any subsidiary, or any other company you now own or did own, in a surety's Claim Department?

Yes No _____

Are you acting as surety or bondsman for others?

Yes No _____

Are you acting as endorser for others on their notes or accounts?

Yes No _____

Does your company or any officer or partner owe any money to a bonding company?

Yes No _____

Are any of the officers, stockholders, owners or any companies they have a financial interest in, currently engaged or intend to engage in any form of real estate investment, development, building or any other form of speculative venture?

Yes No If yes, describe: _____

In addition to contracting, what other business activities are you engaged or intend to engage in?

List any subsidiaries, holding companies and/or affiliates of the applying company or entities that are owned/controlled by the owners and / or spouses listed above.



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Parent / Affiliate / Related Businesses

Name of Business	Owned By	Scope of Operations

Is cross-corporate indemnity available for all parent, affiliate, and/or related businesses?

Yes No If no, please explain: _____

Life Insurance

Name of Insured	Amount	Insurance Company	Beneficiary

Continuity

Is there a formal Buy-Sell Agreement in effect?

No Yes (If yes, attach a copy)

How is the Buy-Sell Agreement funded? _____

What arrangements have been made to assure contracts are completed in the event of the owner(s) death or disability?

Banking

Name of bank: _____ With the Bank Since: _____

Address: _____

City/State/Zip: _____

Name of Loan Officer: _____ Phone #: (____) _____

Have you established a revolving Line of Credit with your banker? Yes No

Line of Credit Limit: \$ _____ Amount Currently in Use: \$ _____

Date Line of Credit Established: ____/____/____ Expiration date of line of credit: ____/____/____

Description of security on line of credit:

Unsecured Accounts Receivable Inventory Contract Rights

Equipment Real Estate Personal Endorsement



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Job Experience

Largest single job completed: \$ _____ Year _____
Largest single bonded job completed: \$ _____ Year _____ Surety _____
Largest amount of uncompleted work at one time: \$ _____ Year _____ No. of Jobs _____
Largest single job ever bid: \$ _____ Year _____
Bond line desired: Single Project \$ _____ Total Aggregate Bonding _____

Largest Contracts

1. Project Name: _____ **Year Completed** _____

Location (City & State) _____ Dollar Amount of Project \$ _____

Project Owner (or GC) for Whom You Worked _____

Contact Person _____ Phone _____

Contact's Email _____ Fax _____

Name of Surety _____ Amount of Profit \$ _____

2. Project Name: _____ **Year Completed** _____

Location (City & State) _____ Dollar Amount of Project \$ _____

Project Owner (or GC) for Whom You Worked _____

Contact Person _____ Phone _____

Contact's Email _____ Fax _____

Name of Surety _____ Amount of Profit \$ _____

3. Project Name: _____ **Year Completed** _____

Location (City & State) _____ Dollar Amount of Project \$ _____

Project Owner (or GC) for Whom You Worked _____

Contact Person _____ Phone _____

Contact's Email _____ Fax _____

Name of Surety _____ Amount of Profit \$ _____

4. Project Name: _____ **Year Completed** _____

Location (City & State) _____ Dollar Amount of Project \$ _____

Project Owner (or GC) for Whom You Worked _____

Contact Person _____ Phone _____

Contact's Email _____ Fax _____

Name of Surety _____ Amount of Profit \$ _____

5. Project Name: _____ **Year Completed** _____

Location (City & State) _____ Dollar Amount of Project \$ _____

Project Owner (or GC) for Whom You Worked _____

Contact Person _____ Phone _____

Contact's Email _____ Fax _____

Name of Surety _____ Amount of Profit \$ _____



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References

List your three (3) major suppliers

	Business Name & Full Mailing Address	Phone Number
1.		
2.		
3.		

List three (3) subcontractors with whom you have worked in the past two years:

	Business Name & Full Mailing Address	Phone Number
1.		
2.		
3.		

Trusts

Are any owners' personal assets held in trusts?

No Yes If yes, please attach a copy.

If trusts exist, will they indemnify the surety?

No Yes If no, please explain: _____

CREDIT AUTHORIZATION

Each Indemnitor (i) authorizes Surety to obtain information from third parties, including personal credit reports, in connection with Surety's initial and on-going underwriting of any Bonds that Surety considers issuing for any Principal; and (ii) releases Surety from any and all liability relating to same.

NON-BINDING:

The signing of this Application does not bind the Surety to issue, or the Applicants/Indemnitors to purchase, any surety Bonds.

FRAUD NOTICES:

(Not State Specific; see Fraud Notices Applicable in Certain Specific States below): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

APPLICABLE IN ALABAMA, ARKANSAS, ARIZONA, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, & WEST VIRGINIA: Any person who knowingly (*or willfully in MD*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (*or willfully in MD*) presents false information in an application for insurance is guilty of a crime and may be subject to restitution, or fines, or confinement in prison, or any combination thereof.

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.



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APPLICABLE IN THE DISTRICT OF COLUMBIA: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA AND OKLAHOMA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (*in Florida, a felony of the third degree*).

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY & PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

APPLICABLE IN OREGON: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime, and which may subject such person to penalties.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, & WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

The undersigned hereby authorize Skyward Specialty Insurance and its subsidiaries (collectively the "Company"), designated agents and representatives, to verify any information contained in this application for surety credit, and to obtain additional information from any source, including obtaining an investigative consumer report 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 for the purposes of surety bond credit evaluation and underwriting including periodic reviews, extensions, or renewals of credit for the undersigned. Information as to the nature and scope of this report may be obtained upon written request. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

The undersigned hereby affirms that the statements, information and responses contained herein are true and accurate, and are made to induce the Surety to extend surety credit. The applicants and indemnitors authorize the Company to verify this information and to obtain additional information as it considers necessary from any source including obtaining a credit report. Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law.



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Corporate Signature by Authorized Officer:

Company Name

Date

Signature

Print Name & Title

Signature of Owner(s)

Signature

Date

Print Name & Title

Signature

Date

Print Name & Title

Signature

Date

Print Name & Title

Signature

Date

Print Name & Title