9

SUBDIVISION IMPROVEMENT QUESTIONNAIRE (Not to be completed by agent)

1.	Name (Must be exactly as it is to appear on bor	Tax I.D. #					
2 .	Business Address				()	
3.	Owners of Property					Position in Company	
	A						
	В						
	с						
4.	Owners' Residence Address	Soc	. Sec. #	Spous	se	Residence Phone	
	A						
	В						
	с						
5.	Number of years in business Annual Sales						
6.	6. Name and Address of Accountant						
•							
7.	Prior Experience of Subdivider/Developer	Amt. Of Impr		Bond Cor		Date or Percent Completed	
	A						
	В						
	C						
8.	Name of Lender on Prior Tracts		Loa	an Officer		Phone	
	Α						
	В						
	C						
9.	Prior surety on other projects						
10	0. Any surety declined to furnish a bond? If yes, explain						
11	. Has company, any affiliated company, or any o	owner failed t	o complete	a project or o	declared	bankruptcy?	
12	Name of Bank and Address		Account Number		Phone		
13	Name of Banker			Pho	one ()	

15. Any liens filed against jobs in the last two years?

15.	Any liens lieu ag	gainst jobs in the last					
-	Date Filed	Amount	Date Released	Reason and Details			
-							
-							
- 16.	Any other suits,	claims, or judgments	within the last two years?	If yes, explain			
	Information on to City/County F	ract for which bond is Requiring	s being requested				
	Bonds Requi	red (type)		Amount			
				Amount			
	Description (
	Lender (This	Project)					
				Phone ()			
	What is being	g constructed?					
	lf houses, nu	mber	Numb	er of lots			
	Name of Con	tractor Doing Off-site	e Work	License #			
	Starting Date Anticipated Completion Date						
18.	Documents to be	e returned with ques	tionnaire for expediting underv	writing.			
	1. Corporate, partnership, or sole proprietorship Financial Statement, including a Profit and Loss Statement						
	2. Personal financial statements from all major stockholders or partners						
	3. Copy of civil engineers' cost breakdown on bonded improvements						
	4. Copy of S	Subdivision Agreeme	nt				
	5. Bond For	ms					
19.	and to check m certify that each made for the pu	ny credit with any cr n statement herein c rpose of inducing An	editors or lending institutions ontained is true and that this	ize the company to investigate my statements b. The undersigned and each of them hereby statement and/or answers to the questions are company and/or U. S. Specialty Insurance			
				Firm Name			
Date	e						
			Ву				
			PRODUCER INFORMATI	ON			
Na	me			Phone ()			
Ad	ldress			Fax ()			

HCCS Producer No._____

City & Zip _____