SUBDIVISION IMPROVEMENT QUESTIONNAIRE

(Not to be completed by agent)

 Name (Must be exactly as it is to appear on bond) Tax I.D. # 						
Business Phone ()						
Owners of Property		Percent of Ownership		Position in Company		
Soc	c. Sec. #	Spous	se	Residence Phone		
Number of years in business Annual Sales						
		_ Phone ()			
				Date or Percent		
Amt. Of Imp	ovements	Bond Cor	npany	Completed		
	Loan Officer Phone					
		••				
If yes,	explain					
y owner failed t	o complete :	a project or o	declared	l bankruptcy?		
	•					
Name of Bank and Address		Account Number		Phone		
		Pho	one ()		
	Amt. Of Impr	Amt. Of Improvements Loa If yes, explain y owner failed to complete ass Act	Business Phone Percent of Ownership Soc. Sec. # Spous Annual Sales Phone (Amt. Of Improvements Bond Cor Loan Officer If yes, explain y owner failed to complete a project or one second sec	Business Phone (

15.	Any liens filed ac	gainst jobs in the last	two years?				
	Date Filed	Amount	Date Released	Reason and Details			
16.	Any other suits,	claims, or judgments	within the last two years? _	If yes, explain			
17.	City/County R		being requested				
				Amount			
				Amount			
				Amount			
	Description (7	ract Name)					
	Lender (This	Project)					
	Loan Officer ₋			Phone ()			
	What is being	constructed?					
	If houses, nur	mber	Num	ber of lots			
	Name of Con	tractor Doing Off-site	Work	License #			
	Starting Date		Anticipated Completion I	Date			
18.	Documents to be	e returned with quest	onnaire for expediting unde	erwriting.			
	1. Corporate	e, partnership, or sole	proprietorship Financial St	atement, including a Profit and Loss Statement			
	2. Personal	financial statements f	rom all major stockholders	or partners			
	3. Copy of civil engineers' cost breakdown on bonded improvements						
	4. Copy of S	ubdivision Agreemer	t				
	5. Bond Form	ms					
19.	and to check m certify that each made for the pu	ny credit with any cre n statement herein co rpose of inducing Am	editors or lending institution on tained is true and that thi	orize the company to investigate my statements ns. The undersigned and each of them hereby s statement and/or answers to the questions are ity Company and/or U.S. Specialty Insurance			
				Firm Name			
Dat	e						
			Ву				
			PRODUCER INFORMA	TION			
Na	ame			Phone ()			
Ao	Address			Fax ()			
Ci	ty & Zip			HCCS Producer No			