



**CONTRACTORS SURETY APPLICATION
QUESTIONNAIRE**

DATE PREPARED:	
BUSINESS LEGAL STATUS:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship

GENERAL INFORMATION:

CONTRACTOR:			
	<i>State Name Exactly As It Appears On Your Contractor's License</i>		
ADDRESS:			
PHONE:		FAX:	
LICENSE #:		LICENSE CLASS:	
TAX ID #:			
DATE BUSINESS FORMED:		DATE BUSINESS INCORPORATED:	
HAS THERE BEEN ANY RECENT CHANGE IN CONTROL OF COMPANY?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF SO, EXPLAIN			
IS THE COMPANY OR ITS OWNERS CONNECTED WITH OTHER COMPANIES AS A SUBSIDIARY, PARENT, HOLDING OR AFFILIATE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF SO, EXPLAIN			

OWNER/OFFICER INFORMATION: *Complete for Owners, Officers, Partners, Proprietor and Key Personnel*

NAME	MARITAL STATUS	AGE	POSITION	OWNERSHIP %	SSN

BUSINESS HISTORY INFORMATION:

IN WHAT CLASS OF CONSTRUCTION DO YOU SPECIALIZE:					
WHAT WAS THE LARGEST BACKLOG COMPLETED:	\$		# OF JOBS		YEAR
LIST ANNUAL SALES FOR LAST THREE YEARS:	20__		20__		20__
LIST THE FIVE LARGEST CONTRACTS COMPLETED IN THE LAST FIVE YEARS:					
OWNER / CONTACT NAME	CONTACT PHONE	KIND OF WORK	CONTRACT PRICE	YEAR	

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NAMES OF PRESENT AND PRIOR SURETIES:			
SURETY	AGENT	PHONE NUMBER (INCLUDING AREA CODE)	
HAS COMPANY (OR ANY OWNER) EVER DEFAULTED ON A CONTRACT FORCING A SURETY TO SUFFER A LOSS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF SO, EXPLAIN			
DOES COMPANY OWN ADEQUATE EQUIPMENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	AND/OR LEASE EQUIPMENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>IF ADDITIONAL SPACE IS REQUIRED FOR ANY "YES" ANSWERS BELOW, PLEASE ATTACH ADDITIONAL SIGNED PAGES</i>			
HAS YOUR COMPANY EVER FAILED TO COMPLETE A CONTRACT?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF SO, EXPLAIN			
HAS COMPANY, ANY AFFILIATED COMPANY, OR ANY OWNER EVER EXPERIENCED A BANKRUPTCY?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF SO, EXPLAIN			
HAS COMPANY, ANY AFFILIATED COMPANY, OR ANY OWNER EVER BEEN IN RECEIVERSHIP?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF SO, EXPLAIN			
ARE ANY LIENS FOR LABOR AND/OR MATERIAL FILED AGAINST COMPANY ON ANY CONTRACTS WHICH HAVE BEEN DONE OR ARE BEING DONE BY COMPANY?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF SO, EXPLAIN			

NAMES OF PRINCIPAL SUPPLIERS:			
SUPPLIER	MATERIAL/SERVICE PROVIDED	SUPPLIER ADDRESS	SUPPLIER PHONE

FINANCIAL INFORMATION:

ACCOUNTING			
FIRM NAME:		PHONE:	
HOW MANY YEARS HAS THIS ACCOUNTANT PREPARED COMPANY'S FINANCIAL STATEMENTS?:		HOW MANY YEARS HAS THIS ACCOUNTANT PREPARED COMPANY'S FINANCIAL STATEMENTS?:	
MONTH FISCAL YEAR ENDS:		ARE TAXES, BOTH COMPANY & PERSONAL CURRENT?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
BASIS OF PREPARATION OF STATEMENTS:	<input type="checkbox"/> Cash <input type="checkbox"/> Completed Contract <input type="checkbox"/> Simple Accrual <input type="checkbox"/> % of Completion		

BASIS OF TAX PAYMENTS:	<input type="checkbox"/> Cash	<input type="checkbox"/> Completed Contract	<input type="checkbox"/> Simple Accrual	<input type="checkbox"/> % of Completion
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BANKING			
BANK NAME:		PHONE:	
BANK ADDRESS:		ACCT MGR:	
ACCOUNT #'S:			
AMOUNT OF LINE OF CREDIT:		AMOUNT OF LINE OF CREDIT IN USE:	
LINE OF CREDIT EXPIRATION DATE:		HOW SECURED:	
<i>ATTACH LETTER FROM BANK CONFIRMING LINE OF CREDIT AND/OR RELATIONSHIP/CREDIT/BANKING HISTORY</i>			

AUTHORIZATION:

<p>I/we authorize Bonds Only, Inc. and surety company(ies) to investigate statements made herein, and to check my/our credit with creditors, personal credit reporting bureaus, and/or lending institutions. Should Bonds Only, Inc. extend us credit for purchase of bond(s), I/we agree to pay all costs of collection, including interest and attorneys fees, if I/we fail to pay per terms.</p>				
SIGNED THIS		DAY OF		, IN THE YEAR
SIGNATURE		NAME AND TITLE		