

The purpose of this questionnaire is to develop sufficient information to assist us in evaluating the contractor's qualifications so that we will be in a position to provide **MAXIMUM BONDING CAPACITY**. If additional space is needed, attach extra pages. Please be certain that all questions are answered completely. If you require assistance on any section of this questionnaire, please call your agent, or broker.

GENERAL UNDERWRITING REQUIREMENTS
WE REQUIRE THE FOLLOWING DOCUMENTS TO ESTABLISH SURETY CREDIT:

- Completed Contractor's Questionnaire.
- Financial statements (complete with schedules and footnotes) for your company prepared under generally accepted accounting principles as of the last three fiscal year ends.
- Current work in progress schedule, listing all projects and work to be completed.
- Personal financial statements of all principals concurrent with your company's most recent fiscal year end.
- Copies of Business/Personal Bank Statements that will verify cash balance.
- Resumes of principal(s) and key personnel.
- Limited Liability Company Articles and Operating Agreement.
- Copy of bank loan agreement specifying line of credit.
- Copy of contractor's license(s).
- Copies of Trust Agreements (if any assets of owners are held in Trusts).
- Copy of Continuity Plan.
- Bid/contract information if specific bond is needed at this time.

CONTRACTOR

Name **as licensed:** _____

Business Address _____

Business Phone (_____) _____ Fax (_____) _____

Type of entity: CORPORATION SUBCHAPTER S CORPORATION LIMITED LIABILITY COMPANY
 PARTNERSHIP JOINT VENTURE SOLE PROPRIETORSHIP

Type of construction: _____ Year this business started: _____

What percentage of your work is performed as a general contractor? _____%, as a subcontractor _____%.

What percentage of your work do you typically sub to others? _____%. Do you bond your major subcontractors? _____

List construction license types held by firm with license number and state: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| ■ Is the company a subsidiary, parent, or holding company of any other company? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has there been any change in the control of the company or any related entity in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has the company ever failed to complete a contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy, or been placed in receivership? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are there any liens filed against the company's or related entity's projects? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Is the company, any stockholder, owner, partner or related entity an indemnitor or guarantor to any creditor? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Have any or all of the company's accounts receivable or retentions been assigned, pledged, hypothecated, sold or discounted? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are you involved in any litigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Do you have a continuity plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are any assets of the company or any indemnitor held in trust? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all "YES" answers below; use additional pages if necessary.



PRINCIPALS OF THE COMPANY

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM		YEAR BORN
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM		YEAR BORN
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM		YEAR BORN
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

BUSINESS BANKING

Name of Bank _____ Phone (____) _____ Fax (____) _____

Address _____ Years with this Bank _____

Contact _____ Account Numbers _____

Indicate line of credit amount \$ _____ How secured? _____ How much in use \$ _____

ACCOUNTING

Name of accounting firm _____ Phone (____) _____ Fax (____) _____

Address _____ Years with this Firm _____

Contact _____

Fiscal year end is _____ Audit/Review/Other _____ How often are financial statements prepared? _____

Does this accounting firm also prepare the business and individual tax returns? _____ If not explain _____

Date of last IRS audit _____ Results _____

BONDING

Who was your prior bonding company? _____
 Location _____ Underwriter _____ Phone (____) _____ Fax (____) _____
 Years with this bonding company _____ Date and amount of largest single contract bonded \$ _____
 Largest work on hand at any one time was \$ _____ during _____ and consisted of _____ contracts.
(YEAR)
 Bond credit desired: Single contract \$ _____ Total work program at any one time \$ _____
 Has any bonding company ever declined to furnish you or your company a bond? _____ If yes, why? _____

 Have you provided collateral to the bonding company? _____ If yes, describe _____
 Reason for changing bonding company? _____

INSURANCE

Does your company carry insurance for:	YES	NO	Limits	NOTE: It may be necessary to verify that specific insurance is in full force and effect prior to bond issuance.
■ Liability with completed operations	<input type="checkbox"/>	<input type="checkbox"/>	_____	
■ Workers' compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	
■ Property owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____	
■ Equipment owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____	
■ Business life insurance:				
Insured			Beneficiary	Amount
_____			_____	\$ _____
_____			_____	\$ _____
_____			_____	\$ _____

Who is your Broker/Agent for insurance? _____

REFERENCES

List the four largest contracts completed in the last five years:

OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()		
ADDRESS	CONTACT	CONTRACT PRICE	GROSS PROFIT (LOSS) \$	
JOB DESCRIPTION / LOCATION	BONDING COMPANY		YEAR COMPLETED	



List five principal material suppliers/subcontractors:

NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	

List three architects or engineers who are familiar with your work:

NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	

ADDITIONAL INFORMATION

Each of the undersigned affirms that the foregoing statements are true and are made to induce Developers Surety and Indemnity Company and Indemnity Company of California (hereinafter called Surety) to execute or procure the execution of surety bonds, and any extension, modification, or renewal thereof, addition hereto, or substitution therefor. Each of the undersigned further affirms and understands that suretyship is credit, and authorizes Surety, or its authorized agent, Insko Insurance Services, Inc., to gather information it considers necessary for evaluating whether or not credit should be granted.

COMPANY NAME _____

DATE: _____ BY: _____ TITLE: _____

SUBMITTED THROUGH: CBS; 9940 Business Park Dr., #120, Sacramento, CA 95827
BROKER / AGENCY ADDRESS

PRODUCER NO. 800327 Tony Clark 800-750-2663 916-368-0150
CONTACT PHONE FAX

BUSINESS FINANCIAL STATEMENT

Agent _____ Bond No. _____

Use of company financial statement forms is not mandatory. They are made available as guides to the type of information needed. Signed statements on comparable bank forms, or on your accountant's letterhead, are equally acceptable under most circumstances. Fiscal or year end statements are preferred. Schedules should be completed where they are meaningful. When in doubt, ask your agent about the company's specific requirements for the type of credit which you need.

Financial statement of _____ (Name)
 _____ (Street Address, City, State, ZIP)

FINANCIAL CONDITION AS OF _____, 20 _____

ASSETS	AMT(S) ONLY	LIABILITIES	AMT(S) ONLY
Cash on Hand		NOTES PAYABLE TO BANKS	
Cash in following Banks (name & address):		name & address):	
.....		
.....			
STOCKS AND BONDS		OTHER NOTES AND ACCOUNTS PAYABLE	
Listed (Schedule 1).....		Real Estate Loans (Schedule 4).....	
Unlisted (Schedule 1)		Sales Contracts & Sec. Agreements (Schedule 5).....	
		Loans on Life Insurance Policies (Schedule 6)	
REAL ESTATE		TAXES PAYABLE	
Improved (Schedule 4)		Current Year Income Taxes Unpaid	
Unimproved (Schedule 4).....		Prior Year Income Taxes Unpaid	
Trust Deeds & Mortgages (Schedule 3)		Real Estate Taxes Unpaid.....	
LIFE INSURANCE		OTHER LIABILITIES	
Cast Surrender Value (Schedule 6).....		Unpaid Interest	
ACCOUNTS AND NOTES RECEIVABLE		Other (Itemize).....	
Relatives and Friends (Schedule 2/3)	
Other (Schedule 2/3)	
Doubtful (Schedule 2/3).....		TOTAL LIABILITIES	
OTHER PERSONAL PROPERTY		NET WORTH	
Automobile (Schedule 5)			
Other (Itemize, Schedule 5).....			
TOTAL		TOTAL	
ANNUAL INCOME	(Refer to Federal Income Tax Returns for Previous Year)	ANNUAL EXPENDITURES	(Refer to Federal Income Tax Returns for Previous Year)
SALARY OR WAGES		PROPERTY TAXES AND ASSESSMENTS	
DIVIDENDS AND INTEREST		FEDERAL AND STATE INCOME TAXES	
RENTALS (GROSS)		REAL ESTATE LOAN PAYMENTS	
BUSINESS OR PROFESSIONAL INCOME (NET)		PAYMENTS ON CONTRACTS & OTHER NOTES	
OTHER INCOME (DESCRIBE)		INSURANCE PREMIUMS.....	
.....		ESTIMATED LIVING EXPENSES	
.....		OTHER	
TOTAL INCOME		TOTAL INCOME	

To assist the Surety in its evaluation of the above Statement, I hereby certify that all material facts relating to the following conditions are set forth in the attached exhibit(s) incorporated herein by reference: Contingent liabilities as endorser, co-maker or guarantor \$ _____
 Contingent liabilities on leases or contracts \$ _____; pledge or hypothecation of assets \$ _____;
 Legal Claims \$ _____; Tax Liens \$ _____

(S) _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value
TOTAL				\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What Is It Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name Of	Market Value	Cost	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL			\$	\$	\$	\$

5. EQUIPMENT

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
TOTAL			\$	\$	\$

6. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement.

Dated _____, 20____

SIGNATURE: _____

PERSONAL FINANCIAL STATEMENT

Agent _____ Bond No. _____

Use of company financial statement forms is not mandatory. They are made available as guides to the type of information needed. Signed statements on comparable bank forms, or on your accountant's letterhead, are equally acceptable under most circumstances. Fiscal or year end statements are preferred. Schedules should be completed where they are meaningful. When in doubt, ask your agent about the company's specific requirements for the type of credit which you need.

Financial statement of _____ (Name)
 _____ (Street Address, City, State, ZIP)

FINANCIAL CONDITION AS OF _____, 20 _____

ASSETS	AMT(S) ONLY	LIABILITIES	AMT(S) ONLY
Cash on Hand		NOTES PAYABLE TO BANKS	
Cash in following Banks (name & address):		name & address):	
.....		
.....			
STOCKS AND BONDS		OTHER NOTES AND ACCOUNTS PAYABLE	
Listed (Schedule 1).....		Real Estate Loans (Schedule 4).....	
Unlisted (Schedule 1).....		Sales Contracts & Sec. Agreements (Schedule 5).....	
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REAL ESTATE		TAXES PAYABLE	
Improved (Schedule 4).....		Current Year Income Taxes Unpaid.....	
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LIFE INSURANCE		OTHER LIABILITIES	
Cast Surrender Value (Schedule 6).....		Unpaid Interest.....	
		Other (Itemize).....	
		
ACCOUNTS AND NOTES RECEIVABLE		TOTAL LIABILITIES	
Relatives and Friends (Schedule 2/3).....			
Other (Schedule 2/3).....			
Doubtful (Schedule 2/3).....			
OTHER PERSONAL PROPERTY		NET WORTH	
Automobile (Schedule 5).....			
Other (Itemize, Schedule 5).....			
TOTAL		TOTAL	
ANNUAL INCOME	(Refer to Federal Income Tax Returns for Previous Year)	ANNUAL EXPENDITURES	(Refer to Federal Income Tax Returns for Previous Year)
SALARY OR WAGES.....		PROPERTY TAXES AND ASSESSMENTS.....	
DIVIDENDS AND INTEREST.....		FEDERAL AND STATE INCOME TAXES.....	
RENTALS (GROSS).....		REAL ESTATE LOAN PAYMENTS.....	
BUSINESS OR PROFESSIONAL INCOME (NET).....		PAYMENTS ON CONTRACTS & OTHER NOTES.....	
OTHER INCOME (DESCRIBE).....		INSURANCE PREMIUMS.....	
.....		ESTIMATED LIVING EXPENSES.....	
.....		OTHER.....	
TOTAL INCOME		TOTAL INCOME	

To assist the Surety in its evaluation of the above Statement, I hereby certify that all material facts relating to the following conditions are set forth in the attached exhibit(s) incorporated herein by reference: Contingent liabilities as endorser, co-maker or guarantor \$ _____
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 Legal Claims \$ _____; Tax Liens \$ _____

(S) _____

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value
TOTAL				\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What Is It Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name Of	Market Value	Cost	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL			\$	\$	\$	\$

5. EQUIPMENT

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
TOTAL			\$	\$	\$

6. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement.

Dated _____, 20____

SIGNATURE: _____



1451 River Park Drive, Suite 260 • Sacramento, California 95815
 (800) 924-8655 • (916) 924-8655 • Fax (916) 924-6749

BOND REQUEST FORM

(For Bid, Performance, Payment & Contract Bonds)

Agent/Producer Name: _____

Agent/Producer #: _____

(Please Print or Type **Exactly** as it will appear on the bond)

Principal:		Phone Number: ()	
Obligee: (Project owner, city, state, government agency, etc.)			
Job Title & Description:			
Job Location:		Invitation/Solicitation #:	
Start Date:	Completion Date:	Penalties:	% of Work Sublet:
Major Subcontractors:			

COMPLETE THIS SECTION IF YOU ARE REQUESTING A BID BOND

Bid Date: _____

Bid Estimate: \$ _____ Bid Bond %: _____

COMPLETE THIS SECTION IF YOU ARE REQUESTING A PERFORMANCE/PAYMENT BOND

Contract Amount: \$ _____ Payment Bond Amount: \$ _____

Performance Bond Amt: \$ _____

Other Bids: 2nd Low: \$ _____ 3rd Low: \$ _____ Eng. Est.: \$ _____

Please include: Copy of Contract & Award Letter

SCHEDULE OF INCOMPLETE PROJECTS

Contract Description:	Start Date:	Complete Date:	Orig. Contract Price:	Cost to Complete:
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Totals:			\$	\$

Additional Comments: _____

INCLUDE SPECIFIED BOND FORM, IF APPLICABLE

INSCO INSURANCE SERVICES, INC., UNDERWRITING MANAGER FOR:
 DEVELOPERS SURETY AND INDEMNITY COMPANY • INDEMNITY COMPANY OF CALIFORNIA

INSCO INSURANCE SERVICES, INC.

Underwriting Manager for:

Developers Surety and Indemnity Company

Indemnity Company of California

17780 Fitch, Suite 200 • Irvine, California 92614 • (949) 263-3300



Name of Contractor

STATUS OF CONTRACTS as of 20

Uncompleted Contracts Contract Description and Location	A	B	C	D	E	F
	Contract Price Including Approved Change Orders	Original Estimated Profit At Time Of Bid	Billed To Date Including Retainage (1)	Costs To Date	Estimated Costs To Complete	Estimated Completion Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

CONTRACTS COMPLETED SINCE LAST FISCAL CLOSING STATEMENT OR LAST STATUS REPORT

Contract Description and Location	Final Contract Price	Total Cost	Gross Profit or Loss
1.			
2.			
3.			
4.			
5.			

1. Do not include "claims" or "disputed items." If desired, attach an explanation.
2. ALL PROJECTS SHOULD BE LISTED: Bonded, non-bonded, lump sum and cost plus.
3. COSTS should be entered consistent with financial statement (Profit and Loss Report) allocation, excluding general and administrative (specifically unallocated) overhead.