

PINNACLE SURETY & INSURANCE SERVICES

CONTRACTORS QUESTIONNAIRE

We welcome the opportunity to secure bonding credit for your company. The purpose of this questionnaire is to assist us in evaluating your qualifications. Please complete this form as accurately as possible. Please answer every question.

Organization and Background: The Company name is the entity for which bonding is requested and is referred to in the Surety business as the "PRINCIPAL"

COMPANY'S NAME: (As it is filed with the Secretary of State or the IRS)

- Corporation
- Sub S Corporation
- Partnership
- Limited Liability Co.
- Joint Venture
- Sole Proprietorship

ADDRESS: _____

_____ FEDERAL TAX I.D. #

TELEPHONE: _____

FAX: _____

CONTRACTOR'S LICENSE #: _____

CONTACT PERSON: _____

YEAR BUSINESS STARTED: _____

YEAR INCORPORATED _____

STATE OF INCORPORATION: _____

FISCAL YEAR END: _____ / _____

COMPANY WEBSITE ADDRESS: _____

CORPORATE OFFICERS

President	Secretary
Vice President	Treasurer

KEY PERSONNEL

Name	Position	Time with Firm	Experience

PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES (Are any owners of this company connected with the ownership of another company?)

Name	Location	Owned By	Scope of Operations

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS AND EXPLAIN ALL "YES" ANSWERS ON AN ADDITIONAL PAGE OR IN THE COMMENTS SECTION ON PAGE 6 OF THIS QUESTIONNAIRE

- a. Has there been any change in the ownership of the company in the past two years? Yes No
- b. Do you have a continuity plan? (In event of death or disability) Yes No
- c. Has the company ever failed to complete a contract? Yes No
- d. Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy or been in receivership? Yes No
- e. Are there any liens filed against the company's or related entity's projects? Yes No
- f. Are you involved in any litigation? Yes No
- g. Been in claim with a Surety? Yes No
- h. Will your firm, subsidiaries and affiliates and all stockholders and their spouses willingly indemnify for any and all bonded obligations? Yes No
- i. Has an owner been convicted of a felony or misdemeanor? Yes No

OWNERSHIP

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Are any assets of the company or any indemnitor (Owner) held in trust? YES NO
 If YES, list exact name of the Trust(s) below and provide a copy of the Trust

SCOPE OF OPERATIONS

Brief description of the type of work you engage in: _____

List the states in which you are operating and your contractor's license number:

State	Type	License #	State	Type	License #

What percentage of your work is performed as a General Contractor? _____% As a Subcontractor _____%

What percentage of your work do you subcontract to others? _____% Subcontractors Bond-Back? Yes No

Trades normally subcontracted:

Do you engage in any asbestos abatement or hazardous waste removal contracts? Yes No

Largest work on hand at any one time in the last two years was \$ _____ and consisted of _____ contracts.

What is the single largest contract you expect to obtain in the near future? _____ Expected sales next 12 mo. _____

ACCOUNTING

Name of Contact person at CPA Firm: _____

How many years has this firm prepared your Financial Statements? _____ Tax Returns _____

On what basis are financial statements prepared? Cash Accrual Completed Contract % of Completion

On what basis are taxes paid: Cash Accrual Completed Contract % of Completion

Do you have a full time bookkeeper/accounting person on staff? Yes No

Are job cost records kept? Yes No

Since the last statement date, have your operations been profitable? Yes No
If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

Is your firm current on all taxes: Withholding, Sales, Income, Miscellaneous? Yes No
If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

Are the owners/stockholders/indemnitors current on all taxes: Withholding, Sales, Income, Miscellaneous? Yes No
If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

Any Tax Liens? Yes No If Yes, attach an explanation or answer in the additional comments section of this Questionnaire

BANK REFERENCES

Bank Name: _____ Your Contact: _____

Address: _____ Telephone: _____ Fax: _____

Do you have a line of credit? Yes No If yes, how secured? _____

Amount if Line? \$ _____ How much in use \$ _____ Renewal Date: _____

BONDING

Previous Bonding Company	Bond Rate	Agent/Broker	Reason for Leaving

BONDING (CONTINUED)

Has any collateral been deposited with any prior Surety? Yes No. If Yes, amount \$ _____

Has collateral been released? Not Applicable Yes No

Largest single contract bonded \$ _____

Bonding Capacity desired: Single job size \$ _____ Total work on hand \$ _____

INSURANCE

Who is your Agent/Broker for insurance? _____

Business Life Insurance

Insured	Company	Beneficiary	Amount

List 5 principal material suppliers:

1.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

2.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

3.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

4.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

5.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

PROJECT REFERENCES (WORK EXPERIENCE)

List the 4 largest contracts completed in the last 3 years:

1.

Owner/General Contractor		Phone No.:	Fax No.:
Address:		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

2.

Owner/General Contractor		Phone No.:	Fax No.:
Address:		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

3.

Owner/General Contractor		Phone No.:	Fax No.:
Address:		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

4.

Owner/General Contractor		Phone No.:	Fax No.:
Address:		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

COMMENTS

RELEASE, AUTHORIZATION AND INDEMNIFICATION

The above information is true to the best of my knowledge and belief. The undersigned hereby authorizes Pinnacle Surety and Insurance Services, Inc. herein after called Agency, or its surety companies to confirm any item contained in the questionnaire and to obtain additional information from any source, including obtaining credit reports, for legitimate purposes as determined by the Agency. The undersigned also authorizes and requests banks, CPA's, escrow companies and title companies to furnish any information requested by the Agency or it's surety companies concerning any transactions with the undersigned. The applicant agrees to indemnify Pinnacle Surety and Insurance Services, Inc. from and against any liability, loss, and expenses whatsoever, which the Agency shall at any time sustain as the Agent and/or Broker for this applicant, or for the enforcement of this agreement, regardless of whether such liability, loss, costs, damages, attorney's fees and expenses are caused by the negligence of Pinnacle Surety and Insurance Services, Inc. This is including, but not limited to, the use and distribution of financial information and documentation to the surety companies and any conflict that may arise under the provisions of privacy legislation.

Applicants Signature: _____
Name: _____

Date: _____
Title: _____

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Name: _____

Date: _____
Title: _____