

Bond Professional Surety Insurance Services
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AGENT/BROKER _____ PHONE () _____
ADDRESS _____ FAX () _____
_____ HCCS Producer Code _____

**CONTRACTORS QUALIFICATION QUESTIONNAIRE
ORGANIZATION AND BACKGROUND**

Name _____	() Individual
Address _____ Fed. I.D. # _____	() Partnership
Phone _____ Fax _____	() Corporation

Date business formed _____ Date Incorporated _____

If SUCCESSOR to prior business, Name of Predecessor _____

H

Has there been any recent changes in control of your company? -- Yes -- No

If so, describe _____

Principal Officers of the Company

NAME	POSITION	% OF OWNER- SHIP	AGE	DATE OF EMPLOY	SOCIAL SECURITY NO.	NAME OF SPOUSE

Please asterisk officers who are authorized to execute documents for the Company under the Corporate Seal. Have provisions been made for continuation of their duties in the event of their death or disability? _____ Attach details.

List of Affiliated, Subsidiary or Related Companies in which this Firm or its Stockholders have an interest:

NAME AND ADDRESS	STOCK OWNERSHIP	SCOPE OF OPERATIONS	ENDORSEMENT BY PRINCIPAL OR STOCKHOLDERS

SCOPE OF OPERATION

Key Operating Personnel, General Manager, Superintendents, Engineers, etc.

Name	Position	Age	Experience

A. Type of work usually performed:

Public Bldgs. Excavation Plumbing
Commercial Water System Heating/Air Cond.
Highways Sewers Other _____
Bridges Electrical _____

B. Geographical Areas of Operation

C. Percentage of work usually done as a 1. Prime _____ % D. How much of an average job is Sublet? _____ %
2. Sub _____ %

Are bonds required from Suppliers or Subcontractors? -- Yes -- No If yes, over what amount \$ _____

Has Supplier or Subcontractor ever failed to complete a contract? -- Yes -- No If so, describe _____

Has your company ever experienced a bankruptcy? -- Yes -- No

Been in receivership? -- Yes -- No If so, explain _____

Are any liens for labor and/or material filed against your company on any contracts which have been done or are being done by your company? -- Yes -- No If yes, explain _____

What size contracts do you feel the company is qualified to do:

1.) on a single job \$ _____

2.) during any one year \$ _____

3.) have as work on hand at any one time \$ _____

What is the anticipated expenditure in respect to the purchase of equipment within the next 12 months?

Total Cost \$ _____ Down payment and amount payable within 12 months \$ _____

INSURANCE

TYPE	LIMITS	ISSUING COMPANY	EXPIRATION DATE	AGENCY
Fidelity				
Liability				
Workers Compensation				
Fire				
Equipment Floater				

Attach a current Certificate of Insurance.

List the six most important contracts completed in the last five years

Owner's Name	Address & Phone Number	Contract Amount	Time Required to Complete
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			

Largest work-on-hand position of company, at any one time was \$ _____

During _____ and consisted of _____ contracts.

Give the names of five principal suppliers.

Name	Address	Phone #
		Fax#
1.)		
2.)		
3.)		
4.)		
5.)		

Surety Information

Present Surety _____ Present Rate _____

Address _____

With present surety _____ years.

Largest single contract previously bonded _____

Why change of surety? _____

Covenants provided to present surety

1. Personal indemnities: Yes No If yes, list indemnitors _____

2. Additional Corporate indemnities: Yes No If yes, list additional indemnitors _____

3. Is collateral provided: Yes No If yes, explain _____

FINANCIAL INFORMATION

Banking

Name of Bank _____
Address _____
Manager _____
With bank since _____
Previous bank _____
Address _____
Term with previous bank _____

Line of Credit

Amount _____
Amount in Use _____
Secured by: _____
Yes No
A. Accounts receivable
B. Collateral
C. Personal covenants
D. Additional corp. covenants

Accounting

Name of Accounting firm _____
Address _____
How long has this firm acted as your auditor? _____ years.
Date last audited Financial Statement was prepared _____, _____.
Is statement prepared on an (A) audited or (B) unaudited basis? _____
Completed Job? _____ % of Completion _____ Accrual? _____ Other _____
Have (or are) any of your accounts receivables or retentions been assigned, pledged, hypothecated, sold or discounted? Yes No
If so, describe _____

ATTACH PERSONAL FINANCIAL STATEMENTS OF INDEMNITORS CONCURRENT WITH FISCAL YEAR-END OF CONTRACTOR.

ATTACH LAST THREE (3), COMPLETE FISCAL YEAR-END FINANCIAL STATEMENTS (IF NOT FULL CPA AUDITS, ATTACH SCHEDULES OF ALL BALANCE SHEET ITEMS AS WELL AS UNCOMPLETED WORK-ON-HAND SCHEDULES)

The Undersigned hereby represents that the herein statements are true and authorizes any bank or other reference to verify the correctness of items in the above statement to the Surety. Surety is authorized to investigate, at any time, the Undersigned's credit, employment history, and department of motor vehicle records.

Name of Company _____

Dated this _____, _____

IF CORPORATION SIGN AND SEAL HERE

WITNESS

SIGNATURE OF APPLICANT IF NOT A CORPORATION