Bond Professional Surety Insurance Services
License OB33276
P.O. Box 2207
Spring Valley, CA 91979-2207

Tel: (619) 670-1136
Toll Free: (800) 622-6637
Fax (619) 670-5026
Email: bondpro1@cox.net

SUBDIVISION IMPROVEMENT QUESTIONNAIRE
(Not to be completed by agent)

With this questionnaire, you will also need to provide Financial Statements, Subdivision Improvement Agreement, Bond Forms (if provided by Obligee), Copy of Engineer's Estimate (quantity cost breakdown letter), Resumes, if applicable, Set Aside Letter (if project is funded) and a General Indemnity Agreement.

1. Name (Must be exactly as it is to appear on bond) ______________________________ Tax I.D. # _______________

2. Business Address ____

____ Business Phone (______)________________

3.

	Owners of Property	Percent of Ownership	Position in Company
A			
B			
C			

4.

	Owners' Residence Address	Soc. Sec. #	Spouse	Residence Phone
A				
B				
C				

5. Number of years in business _______________________________ Annual Sales ____________________________

6. Name and Address of Accountant ____

____ Phone (______)___________________

7. Prior Experience of Subdivider/Developer

	Location of Tract	Amt. Of Improvements	Bond Company	Date or Percent Completed
A				
B				
C				

8.

	Name of Lender on Prior Tracts	Loan Officer	Phone
A			
B			
C			

9. Prior surety on other projects __________________________________

10. Any surety declined to furnish a bond? _________ If yes, explain _______________________________________

11. Has company, any affiliated company, or any owner failed to complete a project or declared bankruptcy? _______

12.

Name of Bank and Address	Account Number	Phone

13. Name of Banker ____ Phone (______)______________

14. Are any Assets in Trust(s)? ____

15. Any liens filed against 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. Information on tract for which bond is being requested

City/County Requiring
Bond/Address ____

Bonds Required (type) ______________________________________ Amount ___________________
____ Amount ___________________
____ Amount ___________________

Description (Tract Name) ____

Lender (This Project) ____

Loan Officer _______________________________________ Phone (______) ___________________

What is being constructed? ____

If houses, number __________________________ Number of lots ___________________________

Name of Contractor Doing Off-site Work __________________________ License # ______________

Starting Date _________________ Anticipated Completion Date ________________________________

18. Documents to be returned with questionnaire for expediting underwriting.

1. Corporate, partnership, or sole proprietorship Financial Statement, including a Profit and Loss Statement
2. Personal financial statements from all major stockholders or partners
3. Copy of civil engineers' cost breakdown on bonded improvements
4. Copy of Subdivision Agreement
5. Bond Forms

19. The maker or makers of the foregoing statement hereby authorize the company to investigate my statements and to check my credit with any creditors or lending institutions. The undersigned and each of them hereby certify that each statement herein contained is true and that this statement and/or answers to the questions are made for the purpose of inducing American Contractors Indemnity Company and/or U. S. Specialty Insurance Company to execute or continue certain bonds or undertaking.

____
Firm Name

Date ____________________

By ____

PRODUCER INFORMATION

Name ____ Phone (_______)______________________

Address ____ Fax (_______)________________________

City & Zip ____ HCCS Producer No.____________________