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CONTRACTOR'S SURETY QUESTIONNAIRE

GENERAL BUSINESS INFORMATION

Name of Firm: _____

Street Address: _____

Telephone: _____ Fax: _____ Contact Person: _____ Title: _____

Contact Email Address: _____ Website Address: _____

Year Business Started: _____ State of Incorporation: _____ Date of Incorporation: _____ Fed Tax ID No.: ____ - _____

Form of Business: Sole Proprietor____ Partnership____ "C" Corporation____ "S" Corporation____ LLC____

List the Corporate Officers, Partners or Proprietors of the firm:

<u>Name</u>	<u>SS#</u>	<u>Home Address</u>	<u>Date of Birth</u>	<u>Position</u>	<u>%Owned</u>	<u>Name of Spouse</u>	<u>SS#</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety?
_____ If yes, attach a separate sheet to fully explain.

Is your firm or any of its principals or officers currently involved in any litigation? _____ If yes, attach a summary of the litigation.

Contracting Specialty: _____ Geographic Area of Operation: _____

Was there a Predecessor firm?: _____

List any Subsidiaries and Affiliates: **Attach a Current Financial Statement or Tax Return on each firm.**

<u>Name</u>	<u>Address</u>	<u>Ownership</u>	<u>Type of Business</u>	<u>Fed Tax ID No.</u>
_____	_____	_____	_____	-
_____	_____	_____	_____	-
_____	_____	_____	_____	-

What percentage of the firm's work is normally for: Government Agencies _____% Private Owners _____%

Are these percentages expected to change within the next twelve months? _____
 If yes, what are they expected to change to: Government Agencies _____% Private Owners _____%

What percentage of the firm's work, from a Dollar value standpoint, requires Bonds? _____%

On average, how many projects per year require Bonds? _____

How many people does your firm employ: Office _____ Field _____ On average, how many work crews? _____

What percentage of the firm's work is normally subcontracted: _____%

What trades do you normally subcontract?: _____

Explain the firm's policy for Bonding back subcontractors: _____

What trades do you normally perform with your own forces? _____

Is your firm Union? _____ If so, which unions: _____

What is the largest amount of Backlog that the firm had at any one time in the past?

Amount of Backlog: \$ _____ No. of Projects: _____ Year: _____

What is the largest project that you expect to do within the next twelve months? \$ _____

What is your average job size?: \$ _____

What is your expected annual volume (Sales / Revenues) next year? \$ _____

Do you lease equipment? _____ If yes, explain the type of equipment normally leased _____

List the firm's key personnel - office and field:

<u>Name</u>	<u>Position</u>	<u>Years Experience</u>	<u>Previous Employer</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach Resumes.

Explain the firm's Business Continuity Plan. Who will complete the current projects should something happen to the Owners and/or Key Employees?: _____

Attach a copy of the Buy/Sell Agreement, Will, etc.

List any Life Insurance in effect on Owners and/or Key Personnel:

Name of Insured: _____ Insurance Company: _____
Beneficiary: _____ Face Value of the Policy: \$ _____

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FINANCIAL INFORMATION

Name of your CPA firm: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

On what basis are your taxes paid? Cash ____ Accrual ____ Completed Project ____ % of Completion ____

Attach the firm's most current tax return.

Fiscal Year End: _____

Name of your Bank: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

Amount of Line of Credit: \$ _____ **Attach the letter from the Bank confirming the Credit Agreement.**

What type of Accounting System / Software do you use?: _____

Are job cost records kept?: _____ How often are they reviewed?: _____ Who reviews them?: _____

How often are they updated?: _____ What reports do you use to monitor projects?: _____

BONDING INFORMATION

Previous Bonding Companies (Last five years)
List the most current first.

Years with this
Bonding Company

Bonding Agent

How many bid bonds did you use last year, approximately?: _____

How many Performance & Payment Bonds did you need last year?: _____

REFERENCE INFORMATION

List your five largest Completed Projects:

1. Description & Location of the Work: _____

Reference Name: _____ Name of Firm/Public Agency: _____

Reference Address: _____

Telephone: _____ Fax: _____

Final Contract Price: \$ _____ Year Completed: _____ Bonded? _____

2. Description & Location of the Work: _____

Reference Name: _____ Name of Firm/Public Agency: _____

Reference Address: _____

Telephone: _____ Fax: _____

Final Contract Price: \$ _____ Year Completed: _____ Bonded? _____

3. Description & Location of the Work: _____

Reference Name: _____ Name of Firm/Public Agency: _____

Reference Address: _____

Telephone: _____ Fax: _____

Final Contract Price: \$ _____ Year Completed: _____ Bonded? _____

4. Description & Location of the Work: _____

Reference Name: _____ Name of Firm/Public Agency: _____

Reference Address: _____

Telephone: _____ Fax: _____

Final Contract Price: \$ _____ Year Completed: _____ Bonded? _____

5. Description & Location of the Work: _____

Reference Name: _____ Name of Firm/Public Agency: _____

Reference Address: _____

Telephone: _____ Fax: _____

Final Contract Price: \$ _____ Year Completed: _____ Bonded? _____

List five of your major Suppliers:

1. Name: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

2. Name: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

3. Name: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

4. Name: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

5. Name: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

List five Subcontractors / General Contractors that you do business with:

1. Name: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

2. Name: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

3. Name: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

4. Name: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

5. Name: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

List three Architects that you have done business with:

1. Name: _____ Contact Person: _____
 Address: _____ Telephone: _____ Fax: _____

2. Name: _____ Contact Person: _____
 Address: _____ Telephone: _____ Fax: _____

3. Name: _____ Contact Person: _____
 Address: _____ Telephone: _____ Fax: _____

PLEASE READ CAREFULLY BEFORE SIGNING!

RELEASE

The undersigned hereby grants permission to any individual, company or organization to release credit and/or reference information to Atlantic Coverage Corp. and the bonding companies that it represents in order to consider our company and/or its owners for Bonding.

 Signature President / Owner Name - Typed or Printed Date

FRAUD STATEMENT

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or bonds or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

 Signature President / Owner Name - Typed or Printed Date

DISCLOSURE STATEMENT

The premium charge for any bond includes the commission Atlynx Surety Brokers LLC will receive as compensation from the insurance carrier(s). Please note that Atlynx Surety Brokers LLC has agreements with a number of insurance carriers that provide for it to receive additional compensation, in addition to its commission, under certain circumstances. These additional payments are based upon such factors as the total premium volume, annual premium growth, and underwriting results (claims experience). The amount of such additional payments, if any, cannot be determined at the time coverage is placed or renewed.

The potential for future contingent commission payments, and the potential fee-based income to be received by Atlynx Surety Brokers LLC plays no role in the process of recommending or selecting an insurance carrier, or in the decision to recommend any provider of services.