

UNITED CASUALTY & SURETY INSURANCE COMPANY
170 MILK STREET, BOSTON, MA 02109

CONTRACTORS SURETY APPLICATION QUESTIONNAIRE

DATE OF PREPARATION _____

Check One: Corporation
 Partnership
 Proprietorship

GENERAL INFORMATION

Contractor: _____
 (As Name Appears on Contractor License and Articles of Incorporation)

Address _____ Phone: _____
 Fax: _____

License No.: _____ License Class: _____ Tax I.D. No. _____

Is your business S.O.M.B.A. certified? Yes No
 (WBE) (MBE) Union Non-union

Date Business Incorporated: _____ Date Business Commenced: _____

Has there been any recent change in control of the company? Yes No Has there ever been? Yes No

If So Explain _____

Is the company or its owners connected with other companies as a subsidiary, parent, holding or affiliate? Yes No

If So Explain: _____

CORPORATE OFFICERS - PROPRIETOR - OWNERS - KEY PERSONNEL - PARTNERS: (Please complete accurately)

NAME	MARITAL STATUS	AGE	POSITION	% OF OWNERSHIP	SOCIAL SECURITY #

LIST AFFILIATED, SUBSIDIARY OR RELATED COMPANIES IN WHICH THIS FIRM OR ITS STOCKHOLDERS HAVE AN INTEREST:

INDIVIDUAL	COMPANY NAME & ADDRESS	% OF OWNERSHIP	SCOPE OF OPERATION

In what class of construction do you specialize? _____

What was the largest back-log completed? \$ _____ # of jobs: _____ year: _____

LIST THE FIVE LARGEST CONTRACTS COMPLETED IN THE PAST FIVE YEARS, COMPLETE ALL AREAS IN FULL, DO NOT LEAVE BLANKS:

PERSON TO CONTACT, OWNER	PHONE NUMBER	COMPLETE ADDRESS	NATURE OF WORK	CONTRACT AMOUNT	YEAR

What percentage of work is as Prime Contractor? _____ Subcontractor? _____

How much of an average job is Subcontracted? _____ Are bonds required from subcontractors? _____

What size contracts does contractor feel best able to handle? _____ ? Total work program? _____

Approximately what % of work requires contract bonds? _____

NAME OF PRESENT AND PRIOR SURETIES:

SURETY	AGENT	PHONE NUMBER INCLUDING AREA CODE

Has company (or any owner in any previous company or individually) ever defaulted on a contract forcing a Surety to suffer a loss? Yes ___ No ___

If so, explain: _____

Does company own adequate equipment? _____ and/or lease equipment? _____

Has your company ever failed to complete a contract? If so, explain: _____

Any disputes on contracts? If so, explain: _____

Has company, any affiliated company or any owner ever experienced a bankruptcy? _____ been in receivership? _____

If so, explain: _____

Are any liens for labor and/or material filed against company or any contracts which have been done or are being done by the company? _____
 If so explain: _____

LIST PRINCIPAL SUPPLIERS, COMPLETE IN FULL LEAVING NO AREA BLANK:

NAME	MATERIAL OR SERVICE	STREET ADDRESS/P.O. BOX, CITY, STATE, ZIP CODE	PHONE NUMBER

FINANCIAL INFORMATION

ACCOUNTING

Name of Accounting Firm: _____ Phone: _____

How many years has this firm prepared financial statements? _____ Tax Returns? _____

Fiscal Year End? _____ Are taxes, both company & personal current? _____

Basis of preparation of statements: _____ Cash _____ Completed Contract
_____ Simple Accrual _____ % of Completion
Tax Payments: _____ Cash _____ Completed Contract
_____ Simple Accrual _____ % of Completion

BANK

Name of Bank _____ Account Manager _____

Address _____ Phone # _____

_____ Amount of Line of Credit \$ _____

Amount in Use _____ Expiration Date _____

How secured ? _____

THE PREVIOUS ANSWERS TO ALL QUESTIONS ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE AUTHORIZE UNITED CASUALTY AND SURETY INSURANCE COMPANY TO INVESTIGATE MY/OUR STATEMENTS AND TO CHECK MY/OUR CREDIT WITH ANY CREDITORS OR LENDING INSTITUTIONS.

SIGNED THIS _____ DAY OF _____, 20_____

SIGNATURE NAME AND TITLE

BROKER NAME AND ADDRESS: _____
PHONE _____

ADDRESS _____ BROKER LICENSE NO. _____

**IF ADDITIONAL SPACE IS REQUIRED IN ANY SECTION, PLEASE ATTACH SIGNED ADDITIONAL PAGES.