



103 Park Street, 2nd Floor / P.O. Box 481 / Lewiston, Maine 04243-0481 / office: 207.753.7300 fax: 207.753.7310 / www.ssasurety.com

CONTRACTOR QUESTIONNAIRE

CONTRACTOR'S TRADE NAME: _____

BUSINESS ADDRESS: _____ FEDERAL TAX ID #: _____

CITY, STATE, ZIP: _____ COUNTY: _____

PHONE: _____ FAX: _____

WEB SITE: _____ E-MAIL: _____

PLEASE LIST ALL AFFILIATES/SUBSIDIARIES: _____

OWNERSHIP:

SOLE PROPRIETOR PARTNERSHIP C CORP. S CORP. L.L.C

COMPANY SPECIALTY: _____

YEAR BUSINESS WAS STARTED: _____ STATE OF INCORPORATION: _____

LIST ALL STOCKHOLDERS: FIRST NAME, LAST NAME, MIDDLE INITIAL

| NAME, HOME ADDRESS, CITY, STATE ZIP | TITLE | % OF OWNERSHIP | SPOUSE'S NAME, FIRST, MIDDLE & LAST | PRINCIPAL'S SOCIAL SECURITY NUMBER | SPOUSE'S SOCIAL SECURITY NUMBER |
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LIST THE 3 LARGEST CONTRACTS COMPLETED WITHIN THE PAST 3 YEARS:

| OBLIGEE, ADDRESS, CITY, STATE, ZIP | PHONE/ CONTACT | CONTRACT AMOUNT | IF BONDED, WITH WHOM | PROJECT NAME | DATE COMPLETED |
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PLEASE LIST AT LEAST THREE (3) MAJOR SUPPLIERS:

| SUPPLIER NAME/CONTACT | ADDRESS, CITY, STATE, ZIP | PHONE/FAX |
|-----------------------|---------------------------|-----------|
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HAS YOUR COMPANY EVER BEEN BONDED YES NO

IF YES, WITH WHAT SURETY COMPANY? _____

WHAT IS THE LARGEST BONDED JOB THE COMPANY HAS COMPLETED?

NAME OF OBLIGEE: _____

START AND COMPLETION DATES OF PROJECT: _____

AMOUNT OF PROJECT: _____

NAME OF SURETY THAT BONDED THIS PROJECT: _____

LARGEST TOTAL WORK PROGRAM (BONDED AND UNBONDED): _____

HAS YOUR COMPANY OR ANY OF ITS PRINCIPALS EVER PETITIONED FOR BANKRUPTCY, FAILED IN BUSINESS, OR DEFAULTED SO AS TO CAUSE A LOSS TO A SURETY?

YES NO

IF YES, PLEASE EXPLAIN: _____

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ARE THERE ANY LIENS, LITIGATION, OR CLAIMS PENDING AGAINST THE COMPANY? YES NO
IF YES, PLEASE EXPLAIN: _____

DOES THE COMPANY MAINTAIN LIFE INSURANCE ON STOCKHOLDERS & KEY EMPLOYEES? YES NO

FINANCIAL DATA

DATE OF FISCAL YEAR END: _____

ON WHAT BASIS ARE FINANCIAL STATEMENTS PREPARED?

CASH ACCRUAL PERCENTAGE OF COMPLETION COMPLETED CONTRACT

CLASSIFICATION OF YEAR-END FINANCIAL STATEMENT:

AUDIT REVIEW COMPILATION

HOW OFTEN ARE FINANCIAL STATEMENTS PREPARED:

ANNUALLY SEMI-ANNUALLY QUARTERLY

PLEASE PROVIDE THE NAME AND ADDRESS OF YOUR ACCOUNTANT: _____

BANKING DATA

BANK NAME: _____ CONTACT: _____

ADDRESS: _____ PHONE: _____

CITY, STATE ZIP: _____

DO YOU HAVE AN ESTABLISHED LINE OF CREDIT? YES NO AMOUNT: _____

HOW MUCH OF YOUR CREDIT LINE IS CURRENTLY AVAILABLE? _____

THIS LINE IS: UNSECURED SECURED SECURED BY? _____

WHEN DOES THIS LINE EXPIRE? _____

INSURANCE PROVIDER DATA

GENERAL PROPERTY & CASUALTY PROVIDER: _____

POLLUTION LIABILITY PROVIDER (IF APPLICABLE): _____

WORKER'S COMPENSATION INSURANCE PROVIDER: _____

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THE UNDERSIGNED, AND EACH OF US AUTHORIZE THE SURETY TO OBTAIN CREDIT INFORMATION AND TO MAKE SUCH OTHER INVESTIGATION AS IT DEEMS NECESSARY TO UNDERWRITE THIS APPLICATION. THE UNDERSIGNED, AND EACH OF US FURTHER REPRESENT THAT THE INFORMATION CONTAINED ON THIS APPLICATION AND ALL DOCUMENTS REFERRED TO HEREIN IS TRUE AND THAT SUCH INFORMATION IS BEING SUBMITTED FOR THE PURPOSE OF INDUCING SURETY TO ISSUE BOND(S) AND THAT SURETY IS RELYING UPON SUCH INFORMATION AS A CONDITION TO THE ISSUANCE OF SUCH BOND(S).

COMPANY NAME (PRINT OR TYPE)

AUTHORIZED REPRESENTATIVE NAME & TITLE (PRINT OR TYPE)

AUTHORIZED REPRESENTATIVE SIGNATURE (SEAL)

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