



CONTRACTOR SURETY QUESTIONNAIRE

Federal Tax ID #: _____ Date: _____

Name _____ Phone _____ C-Corporation
 Address _____ Fax _____ S-Corporation
 _____ Email _____ Partnership
 _____ Limited Partnership
 _____ Proprietorship

I. ORGANIZATION AND BACKGROUND

A. Date business formed _____

B. If SUCCESSOR to prior business, name of predecessor organization: _____

C. List of officers and key personnel (attach resumes)

Name Add Spouse's Full Name	Position	Age	Percent Ownership	Years in Construction	Years with Company	Social Security Number Add Spouse's

D. List of affiliated, subsidiary or related companies in which this firm or its stockholders have and interest _____

Name & Address	Stock Ownership	Type of Business	Endorsement by Principal Stockholders



TRUITT

INSURANCE & BONDING, INC.

Surety Programs Business Coverages
Home & Auto Life Products

Main Office Location
3004 7th Avenue South
Birmingham, AL 35233
Phone: (205)254-3005
Fax: (205)254-0908

E. Name of surety company presently providing contract bonds and through which agency. _____

G. If change desired, why? _____

H. What company (companies) was surety prior to present one? (Indicate years) _____

I. State limits and carrier of liability, property and compensation insurance. (attach current certificate) _____

II. SCOPE OF OPERATION

A. Type of construction engaged in:

- | | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> General Con. | <input type="checkbox"/> Electrical | <input type="checkbox"/> Sewer | <input type="checkbox"/> Roofing | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Excavating | <input type="checkbox"/> Water Lines | <input type="checkbox"/> Painting | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Concrete | <input type="checkbox"/> Paving | <input type="checkbox"/> Bridge Work | <input type="checkbox"/> Other _____ |

B. Geographical Area of Operation _____

C. Percentage of work done as:

1. Prime C. _____ % Percentage of work bonded: _____ %

2. Subcont. % _____ Percentage of work public _____ % private _____ %

D. Are bonds required from subcontractors? Yes No When? _____

E. What is the largest work-on-hand handled in the past 5 years? _____

F. What size contracts do you think your organization is best able to handle? _____

G. Are you a union or non-union contractor? _____



H. List of largest jobs the firm has completed: _

Contract Price	Description of Job	Year Completed	Bonded: Yes / No	Owner or General Contractor Include Phone & Fax No.	Name and Address of Architect/ Engineer Include Phone & Fax No.

I. Has contractor or any of the owners ever:

1. Defaulted on a contract? Yes No If yes, give details _____

2. Caused a surety to pay a loss? Yes No If yes, give details _____

3. Petitioned for bankruptcy? Yes No If yes, give details _____

J. Is the organization presently engaged in any litigation? Yes No If yes, explain _____

K. With respect to present work on hand: (Attach current Work-On-Hand form)

1. Were bids in line with other bidders? Yes No If not, give details _____

2. Are projects all on schedule? Yes No If not, give details _____



3. Are any of the jobs in dispute? Yes No If yes, give details _____

L. Is equipment adequate to work program desired? Yes No If not, what expenditures are anticipated? _____

III. CREDIT INFORMATION

A. Suppliers: List principal suppliers

Name	Street Address, City & State	Phone	Fax

1. Are you presently: Discounting Bills ___% Paying in 30 Days ___% Paying in 30-60 Days ___% Paying Over 60 Days ___%

2. If not Ppt/30, please explain _____

B. Bank

Name & Address	Phone	Fax	Bank Officer	Line of Credit	Amount Presently Available	Nature of Security



C. Accountant

Name _____ Address _____

Person to be contacted _____

Phone: _____ Fax: _____ Email: _____

IV. FINANCIAL DATA

ATTACH WORK-ON-HAND FORM & PERSONAL FINANCIAL STATEMENTS ON ALL OWNERS.

ATTACH LAST 3 FISCAL YEAR-END FINANCIAL STATEMENTS.

IF STATEMENTS ARE NOT AUDITED, PLEASE INCLUDE WITH THE LAST YEAR END STATEMENT SUPPORTING SCHEDULES OF ACCOUNTS RECEIVABLE AND PAYABLE AND SCHEDULE OF BANK ACCOUNTS.

A. Date of organization's year end: _____ Audited Reviewed Compiled

B. What method of accounting is used in preparing statements? _____

% of Completion Completed Contract Simple Accrual Cash

C. On what basis of accounting are taxes paid? _____

% of Completion Completed Contract Simple Accrual Cash

D. In what years was contractor last checked by I.R.S.? _____

E. Is personal indemnity of the owners/stockholders and spouses available? Yes No

F. Life Insurance in force

Name	Carrier	Beneficiary	Amount	Surrender Value

H. Is a buy-sell agreement in effect? Yes No



If buy-sell agreement is not available, what are the buy-out provisions? _____

How is the continuity of the business to be funded? _____

I. Have operations been profitable since last statement date? Yes No

J. How frequently are job costs reviewed? _____ By Whom? _____

K. Have any changes occurred since last statement date such as purchase of additional equipment or other fixed assets, loans to officers, investments, withdrawals or dividends that would significantly affect the financial condition?

L. Are any new ventures contemplated? Yes No If yes, explain _____

V. SURETY CREDIT NEEDS

A. Desired single job bond limit : _____

B. Desired aggregate bond program limit: _____

VI. SIGNATURE

The information given above is true to the best of my knowledge and belief.

By _____ Title _____