

CONTRACTOR'S QUESTIONNAIRE

NAME OF BUSINESS (OR TRADESTYLE): _____

ADDRESS: _____

PHONE #: _____

- PROPRIETORSHIP
- PARTNERSHIP
- "C" CORP.
- "S" CORP.
- OTHER

TAX I.D. #: _____

DATE BUSINESS STARTED: _____

DATE INCORPORATED: _____

IF SUCCESSOR TO PRIOR BUSINESS, NAME OF PREDECESSOR: _____

LIST ORGANIZATION'S PRINCIPALS, OFFICERS, KEY EMPLOYEES (PROJ. MGRS., SUPTS., ESTIMATORS, ETC.) & INDICATE CONSTRUCTION EXPERIENCE. ATTACH RESUMES, IF AVAILABLE.

NAME	POSITION	DATE OF BIRTH	% STOCK	EXPERIENCE

(If Additional space is needed, attach separate sheet)

IS THE FULL INDEMNITY OF ALL OWNERS, PARTNERS AND/OR STOCKHOLDERS (INCLUDING EACH PARTY'S RESPECTIVE SPOUSE) AVAILABLE? YES NO . LIST BELOW THE FULL LEGAL NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EACH PARTY AND RESPECTIVE SPOUSE.

NAME	HOME ADDRESS & ZIP CODE	SOCIAL SEC. #

LIST AFFILIATES, SUBSIDIARIES OR RELATED COMPANIES IN WHICH THIS FIRM OR ITS STOCKHOLDERS HAVE AN INTEREST:

COMPANY	RELATIONSHIP TO PRINCIPAL	% OWNERSHIP BY PRINCIPAL

TYPES OF CONSTRUCTION WORK YOU DO:

HAVE YOU BEEN, OR DO YOU INTEND TO BECOME INVOLVED IN DESIGN/BUILD WORK, REAL ESTATE DEVELOPMENT, TURNKEY PROJECTS OR SPECULATIVE BUILDING? YES NO . IF SO, PLEASE ATTACH FULL EXPLANATION.

TERRITORY OF OPERATIONS: _____

LIST THE SIX LARGEST CONTRACTS YOU HAVE DONE IN THE LAST 5 YEARS:

OWNER & FULL MAILING ADDRESS *	JOB DESCRIPTION & LOCATION	ARCH./ ENGINEER MAILING ADDRESS	CONTRACT PRICE	PROFIT (GROSS)	YEAR DONE
E-mail Fax		E-mail Fax			
E-mail Fax		E-mail Fax			
E-mail Fax		E-mail Fax			
E-mail Fax		E-mail Fax			
E-mail Fax		E-mail Fax			
E-mail Fax		E-mail Fax			

* If your contract was with another contractor, show that contractor's name and address.

PRESENT UNCOMPLETED WORK:

OWNER & FULL MAILING ADDRESS	JOB DESCRIPTION & LOCATION	ARCH/ENG. & MAILING ADDRESS	CONTRACT PRICE	% DONE	EXPECTED COMPLETION DATE

ARE ALL UNCOMPLETED PROJECTS ON SCHEDULE? YES NO . ARE THERE ANY DISPUTES, DELAYS OR OTHER PROBLEMS? YES NO . IF SO, ATTACH FULL EXPLANATION.

WHAT SURETY COMPANIES HAVE FURNISHED BONDS FOR YOU IN THE PAST, IN WHAT AMOUNTS & THROUGH WHICH AGENCY?

NAME SIX SUPPLIERS FROM WHICH YOU BUY MOST OF YOUR MATERIALS:

NAME	ADDRESS	Fax#	E-mail

WHAT IS THE LARGEST AMOUNT OF UNCOMPLETED WORK ON HAND YOU HAVE EVER HAD AT ONE TIME? _____
 Year? _____

WHAT SIZE JOB & TOTAL WORK PROGRAM DO YOU FEEL BEST ABLE TO HANDLE?

JOB _____ AGGREGATE BACKLOG? _____

WHAT DATE IS YOUR FISCAL YEAR END? _____

AT WHICH BANK HAVE YOU ESTABLISHED A FORMAL LINE OF CREDIT:

BANK	ADDRESS	LINE AMOUNT	COLLATERAL

IS THERE A BUY-SELL AGREEMENT IN EFFECT? YES NO . IF SO, PLEASE PROVIDE A COPY. IF NOT, ATTACH FULL EXPLANATION OF CONTINUITY ARRANGEMENTS:

LIFE INSURANCE

INSURED	AMOUNT	BENEFICIARY	TYPE-WHOLE LIFE, TERM, ETC.

ARE THERE ANY TRUST AGREEMENTS IN EFFECT? YES NO . IF SO, PLEASE ATTACH COPY. DOES THIS TRUST NOW HOLD, OR WILL HOLD AT SOME FUTURE DATE ANY OF THE COMPANY STOCK OR ASSETS? YES NO

DO YOU BOND SUBS? YES NO . IF NOT, HOW DO YOU PREQUALIFY THEM? _____

HAVE YOU OR ANY OFFICER, PARTNER, STOCKHOLDER OR PRINCIPAL EVER FILED FOR BANKRUPTCY OR BEEN ASSOCIATED WITH A COMPANY THAT HAS FAILED TO COMPLETE A CONTRACT, CAUSED A SURETY A LOSS, FAILED IN BUSINESS OR COMPROMISED A CREDITOR? YES NO . IF SO, PLEASE ATTACH FULL EXPLANATION.

ARE YOU PRESENTLY INVOLVED IN ANY LITIGATION? YES NO . IF SO, PLEASE ATTACH FULL EXPLANATION.

THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED, SEALED AND DATED THIS _____ DAY OF _____, _____

(CONTRACTOR)

BY _____

(WITNESS)

(Please make sure all questions are fully answered)

TO WHOM IT MAY CONCERN:

THIS HEREBY AUTHORIZES ANY PARTY, FIRM OR CORPORATION TO FURNISH INFORMATION REGARDING MY ACCOUNT, TO MEADOWBROOK INSURANCE GROUP AND ITS MEMBER COMPANIES. THIS INFORMATION IS NECESSARY TO ESTABLISH BONDING CREDIT.

(CONTRACTOR)

BY: _____

DATE: