

Site Improvement Bond Questionnaire

The purpose of this questionnaire is to develop sufficient information to assist us in evaluating the developer's qualifications so that we will be in a position to provide **MAXIMUM BONDING CAPACITY**. If additional space is needed, attach extra pages. Please be certain that all questions are answered completely. If you require assistance on any section of this questionnaire, please call Mid-Atlantic Surety, LLC, at (877) 426 – 7542.

GENERAL UNDERWRITING REQUIREMENTS
WE REQUIRE THE FOLLOWING DOCUMENTS TO ESTABLISH SURETY CREDIT:

- Completed Request for Subdivision Bond Credit Questionnaire.
- Financial statements (complete with schedules and footnotes) for your company prepared under generally accepted accounting principles as of the last three fiscal year ends.
- Sales and work in progress reports for all existing projects.
- Personal financial statements of all principals concurrent with your company's most recent fiscal year end.
- Copies of Business/Personal Bank Statements that will verify cash balance.
- Resumes of principal(s) and key personnel.
- Partnership Agreement (if applicable) and/or Articles of Incorporation
- Limited Liability Company Articles and Operating Agreement.
- 3 Copies of Trust Agreements (if any assets of owners are held in Trusts).
- Copy of Continuity Plan.
- Project information if specific bonds are needed at this time.

DEVELOPER

Name: _____

Business Address: _____

Business Phone (_____) _____ Fax (_____) _____

Type of entity: CORPORATION PARTNERSHIP JOINT VENTURE
 SOLE PROPRIETORSHIP LIMITED LIABILITY COMPANY

Type of developer: _____

Year this business started: _____

	YES	NO
▪ Is the company a subsidiary, parent, or holding company of any other company?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has there been any change in the control of the company or any related entity in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has the company ever failed to complete an obligation?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy, or been placed in receivership?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are there any liens filed against the company's or related entity's projects?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is the company, any stockholder, owner, partner or related entity an indemnitor or guarantor to any creditor?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are you involved in any litigation?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you have a continuity plan?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are any assets of the company or any indemnitor held in trust?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "YES" answers below: use additional pages if necessary.

PRINCIPALS OF THE COMPANY

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE	% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM	YEAR BORN	
PERSONAL BANK		ADDRESS		ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.		

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE	% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM	YEAR BORN	
PERSONAL BANK		ADDRESS		ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.		

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE	% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM	YEAR BORN	
PERSONAL BANK		ADDRESS		ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.		

BUSINESS BANKING

Name of Bank _____ Fax (____) _____

Address _____ Years with this Bank _____

Contact _____ Account Numbers _____

Indicate line of credit amount \$ _____ How secured? _____ How much in use \$ _____

ACCOUNTING

Name of accounting firm _____ Phone (____) _____

Address _____ Years with this firm _____

Contact _____

Fiscal year end is _____ Audit/Review/Other _____ How often are financial statements prepared? _____

Does this accounting firm also prepare the business and individual tax returns? _____ If not explain _____

Date of last IRS audit _____ Results _____

BONDING

Who was your prior bonding company? _____
 Location _____ Underwriter _____ Phone(_____) _____
 Years with this bonding company _____ Date and amount of largest single contract bonded \$ _____
 Largest work on hand at any one time was \$ _____ during _____ and consisted of _____ contracts.
 Bond credit desired: Single contract \$ _____ Total work program at one time \$ _____
 Has any bonding company ever declined to furnish you or your company a bond? _____
 If yes, why? _____
 Have you provided collateral to the bonding company? _____ If yes, describe _____
 Reason for changing bonding company? _____

INSURANCE

Does your company carry insurance for:

	YES	NO	Limits
▪ Liability with completed operations	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Workers' compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Property owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Equipment owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____
▪ Business life insurance:	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: It may be necessary to verify that specific insurance is in full force and effect prior to bond issuance.

Insured	Company	Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Who is your Broker/Agent for insurance? _____

REFERENCES

List the four largest contracts completed in the last five years:

OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()
ADDRESS	CONTACT	CONTRACT PRICE
JOB DESCRIPTION / LOCATION	GROSS PROFIT (LOSS) \$	
	BONDING COMPANY	YEAR COMPLETED
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()
ADDRESS	CONTACT	CONTRACT PRICE
JOB DESCRIPTION / LOCATION	GROSS PROFIT (LOSS) \$	
	BONDING COMPANY	YEAR COMPLETED
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()
ADDRESS	CONTACT	CONTRACT PRICE
JOB DESCRIPTION / LOCATION	GROSS PROFIT (LOSS) \$	
	BONDING COMPANY	YEAR COMPLETED
OWNER / GENERAL CONTRACTOR	PHONE ()	FAX ()
ADDRESS	CONTACT	CONTRACT PRICE
JOB DESCRIPTION / LOCATION	GROSS PROFIT (LOSS) \$	
	BONDING COMPANY	YEAR COMPLETED

List five principal material suppliers/subcontractors:

NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	

List three architects or engineers who are familiar with your work:

NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	

This application consists of this instrument, the financial statement(s) and all indemnity, security and trust agreements signed by the applicant with regard to the bond(s) requested, such financial statement and agreements being incorporated herein by reference. In addition to routing verification of information pertinent to the bond(s) applied for, if the application is by an individual primarily for the benefit of a corporation and the said application is also executed for the officers of the corporation in a personal, not a corporate capacity, thereby acting a co-guarantor thereof, the bonding company or its authorized representative may have an investigative consumer report made including information bearing on the character, general reputation, personal characteristics or mode of living of said individual(s), and, upon written request of said individual(s), will disclose in writing the nature and scope of the investigation requested, if such investigative consumer report is in fact secured.

The representations contained in this instrument, the financial statements and all other forms provided are warranted by the applicant to be true. Such- representations are made as material inducements to be relied upon by the surety and its authorized representative in issuing bond(s) requested.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is subject to criminal and civil penalties and is guilty of a felony of the third degree.

DATE SIGNED _____

Name of Firm

Subscribed and sworn before me this
____ Day of _____ 20 ____

X

Signature (If corporation, signature of Secretary & President)

SEAL

Notary Public

Name and Title