



# FIRST INDEMNITY OF AMERICA INSURANCE COMPANY

## Subdivision / Site Bond Questionnaire

### Company Information

Legal Name of Company: \_\_\_\_\_

Address (Do Not Provide a PO Box): \_\_\_\_\_

Phone # \_\_\_\_\_ Website: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell # \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Total # of Employees: \_\_\_\_\_

Date Business Formed: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Overnight Service (i.e. FedEx, UPS, etc.): \_\_\_\_\_ Acct # \_\_\_\_\_

Type of Organization (check one):  LLC  Corporation  Partnership  Proprietorship  Sub. S. Corporation

If SUCCESSOR to Prior Business, name of Predecessor: \_\_\_\_\_

Was Predecessor dissolved?  Yes  No If yes, please explain why \_\_\_\_\_

### Company Ownership Information

#### List All Owners and/or Stockholders and Spouses of the Company

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

SSN # \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  Married  Single

Spouse's Legal Name: \_\_\_\_\_

Spouse's SSN#: \_\_\_\_\_ Spouse's Country of Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street, City, State & Zip Code) Do Not Provide a PO Box

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

SSN # \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  Married  Single

Spouse's Legal Name: \_\_\_\_\_

Spouse's SSN#: \_\_\_\_\_ Spouse's Country of Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street, City, State & Zip Code) Do Not Provide a PO Box

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

SSN # \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  Married  Single

Spouse's Legal Name: \_\_\_\_\_

Spouse's SSN#: \_\_\_\_\_ Spouse's Country of Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street, City, State & Zip Code) Do Not Provide a PO Box

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

SSN # \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  Married  Single

Spouse's Legal Name: \_\_\_\_\_

Spouse's SSN#: \_\_\_\_\_ Spouse's Country of Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street, City, State & Zip Code) Do Not Provide a PO Box

Are any shareholders personal assets held in trusts?  Yes  No If yes, please describe and attach copies:

If trusts exist, will they indemnify the surety?  Yes  No If no, please explain:

List any subsidiaries, holding companies and/or affiliates of the applicant company or entities that are owned/controlled by the owners and / or spouses listed above. **If there are none, check here to so indicate:**  No subsidiaries, holding companies and/or affiliates.

Firm Name	Ownership	Type of Business	Cross / Corp. Indemnity?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Is full corporate and personal indemnity by all owners and spouses and affiliates of the company provided?  Yes  No  
If no, please explain:

Are the owners personally active in daily affairs of the business?  Yes  No  
If no, please explain:

Has company ownership remained unchanged in the past two years?  Yes  No  
If no, please explain:

Are all owners and spouses free of any record of criminal conviction?  Yes  No  
If no, please explain:

Credit Reports: Are the individual owners / spouses and company credit reports free of negative items?  Yes  No  
If no, please explain:

**Has the company, any affiliate or subsidiary, or any owners / spouse or companies in which they have had an ownership interest or managerial role:**

- a. Ever defaulted on a contract?  Yes  No
- b. Ever had a bond claim or caused a surety to suffer a loss?  Yes  No
- c. Any Claims or Non-Payment Notices currently filed against your company?  Yes  No
- d. Owe/owed money to or requested financial assistance from a surety (bonding company)?  Yes  No
- e. Ever experienced a bankruptcy?  Yes  No
- f. Been liened by a taxing authority?  Yes  No
- g. Acted as a surety or indemnitor for others?  Yes  No
- h. Is the company or any of its owners, officers or affiliates currently involved in any litigation?  Yes  No
- i. Act as an endorser for others on their notes or accounts?  Yes  No

If any answered Yes, please explain:

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## Banking Information

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_ Acct #(s): \_\_\_\_\_

With bank since: \_\_\_\_\_ Current line of credit amount: \$ \_\_\_\_\_ Amt. in use: \$ \_\_\_\_\_ When does it expire? \_\_\_\_\_

Have any loans been restructured to avoid delinquency?  Yes  No If yes, please explain: \_\_\_\_\_

**\*Attach a complete copy of all current Banking Agreements\***

## Project Information

1. Name of Development: \_\_\_\_\_

2. Location: \_\_\_\_\_

3. Briefly describe project \_\_\_\_\_

4. Cost of Land \$ \_\_\_\_\_ Cash Paid \$ \_\_\_\_\_ Mortgages \$ \_\_\_\_\_

5. How will the mortgage be paid off? \_\_\_\_\_

6. Amount of Bond \$ \_\_\_\_\_

7. Estimated Cost of Bonded Improvements \$ \_\_\_\_\_

8. Do you have a site improvement loan?  Yes  No Amount \$ \_\_\_\_\_

**Please Provide Loan Commitment or Loan Document.**

9. Does bond include cost of water and/or public utilities?  Yes  No

Cash deposit for water, if any \$ \_\_\_\_\_

Cash deposit for utilities, if any \$ \_\_\_\_\_

10. Oblige (To whom does bond run?) \_\_\_\_\_

11. Number of Houses \_\_\_\_\_ Selling Price of Each \$ \_\_\_\_\_

12. Number of Deposits Received \_\_\_\_\_ Number of Contracts Signed \_\_\_\_\_ Amount of Deposit on Contracts \$ \_\_\_\_\_

13. Building Loans By: \_\_\_\_\_ Address: \_\_\_\_\_

**Please Provide Loan Commitment or Loan Document.**

14. Amount of Building Loan \$ \_\_\_\_\_

15. How Paid to You \_\_\_\_\_

16. Are progress payments based on percentages of sidewalks and curbs as well as on progress of house?

17. Do you have a permanent mortgage commitment?  Yes  No

18. What percentage (%) of the bonded site improvements do you self-perform with your own labor? \_\_\_\_\_%

19. Describe the work performed by outside GCs or subcontractors (not part of your family of companies) \_\_\_\_\_

20. Name and contract price of outside GC performing the bonded work \_\_\_\_\_

21. Are bonds required from outside contractors?  Yes  No If yes, over what amount? \_\_\_\_\_

22. If you self-perform, do you presently own equipment necessary to complete the project above?  Yes  No  N/A

If no, will you be  buying  renting  leasing?

23. Previous Experience of Applicant:

Company Owner	Name of Developer	No. Of Homes	No. Sold	Status of Bonded Work
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- ( ) ATTACH A COPY OF SITE PLAN
- ( ) ATTACH CONSTRUCTION PROPOSAL OR CONTRACT
- ( ) ATTACH ANY MANDATORY BOND FORMS
- ( ) ATTACH A COPY OF RESOLUTION AND ENGINEER'S ESTIMATE OF IMPROVEMENTS FROM MUNICIPALITY
- ( ) ATTACH LATEST FINANCIAL STATEMENT & TAX RETURNS OF THE APPLICANT, OWNERS AND SPOUSES
- ( ) ATTACH APPRAISAL OR FINANCIAL PROJECTIONS FOR PROJECT

The undersigned does hereby authorize **FIRST INDEMNITY OF AMERICA INSURANCE COMPANY**, aka FIA Surety and its designees to make inquiries including the obtaining of a credit report as necessary concerning the undersigned's financial standing, credit, or manner of meeting obligations. I understand this will be to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). The undersigned agrees to INDEMNIFY and HOLD HARMLESS **FIRST INDEMNITY OF AMERICA INSURANCE COMPANY**, aka FIA Surety, its Sureties, related companies, affiliates, reinsurers, officers and employees from all loss, cost and expense (including all legal expenses) that may arise in connection with this application. A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

**Section 817.2334 (1) (b), F.S. "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, misleading information is guilty of a felony in the third degree."**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Name of Company

Print name and title of authorized person: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Person