



FIRST INDEMNITY OF AMERICA INSURANCE COMPANY

Contractor's Questionnaire

Company Information

Legal Name of Company: _____

Address (Do Not Provide a PO Box): _____

Phone # _____ Fax # _____ 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 _____

Does the company currently hold any certifications (i.e. WBE, MBE, 8a, HUBZone, etc.) Yes No

If yes, please list: _____ *Attach a copy of your certification(s) *

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? _____
- b. Ever had a bond claim or caused a surety to suffer a loss? _____
- c. Any Claims or Non-Payment Notices currently filed against your company? _____
- d. Are any projects behind schedule or in dispute? _____
- e. Are you having difficulty collecting accounts receivable, retainages or change orders? _____
- f. Owe/owed money to or requested financial assistance from a surety (bonding company)? _____
- g. Ever experienced a bankruptcy? _____
- h. Been liened by a taxing authority? _____
- i. Withdrawn company funds for personal investing activity? _____
- j. Acted as a surety or indemnitor for others? _____
- k. Is the company or any of its owners, officers or affiliates currently involved in any litigation? _____
- l. Ever use a Factoring Company or plan to? _____
- m. Currently engaged in development work or speculative building activities? _____
- n. Act as an endorser for others on their notes or accounts? _____

If any answered Yes, please explain:

Company's Operations / General Information

List All Company Officers and Key Operating Personnel:

Name	Position / Responsibility	Age	Time In Position	Years in Industry

NOTE: Please attach Resumes of Key People, including current assignment and job responsibilities.

Name of contact person for monitoring bonded projects: _____

Phone: _____ Fax: _____ Email Address: _____ Cell: _____

Name of contact person for billing/invoices: _____

Phone: _____ Fax: _____ Email Address: _____ Cell: _____

What classes of construction work do you Self-Perform?

What is your geographic area of operation? _____

What state(s) is your firm licensed to do business? _____

List the major Competitors for the company: _____

What percentage (%) of the company's work is for: ____ Government Agencies ____ Private Owners

Do you ever engage in Joint Ventures or plan to? Yes No If yes, provide details:

How does the company confirm financing on private work? _____

Is your firm unionized? Yes No How many work crews? _____

Has the company ever been or currently in arrears on union payments? Yes No If yes, give details:

What percentage (%) of work is normally subcontracted to others? ____ What trades do you normally subcontract? _____

Are bonds required from subcontractors or suppliers? Yes No If yes, over what amount? _____

Do you presently own equipment necessary to complete the program outlined above? Yes No

If no, will you be buying renting leasing?

Anticipated total acquisition cost (including down payment) \$ _____ If leasing, what are the terms of the lease(s)? _____

What is the company's policy/procedure on performing background checks of new and/or existing employees?

Continuity and Job Completion:

Formal Buy-Sell Agreement in place? Yes No ***If, yes please attach a copy***

How is the Buy-Sell Agreement funded? _____

What arrangements have been made to assure contracts are completed in the event key personnel are not available?

What incentives are given to the key employees to remain with the company and see projects through to completion?

Surety Relations/History:

Agent / Agency	How Long with Agent?	Carrier/Surety	Single / Aggregate	Funds Admin. or Collateral?	How Long with Surety?	Reason For Leaving

Attach a copy of the General Indemnity Agreement on file with the most recent surety

Date last performance bond was provided: _____

In the last twelve months how many: Bid bonds provided: _____ Performance bonds provided: _____

Has the company ever had a bond request denied, granted with conditions you considered unacceptable, or had your surety credit terminated?

Yes No

If yes, please explain:

Has the company ever failed to qualify for a performance bond after an award when a bid bond was used?

Yes No

If yes, please explain:

Capacity:

What is the single largest contract you expect to obtain in the near future? \$ _____

What is the largest backlog of work at one time in the past 3 years? \$ _____ Year _____

What is the largest backlog of work you anticipate to have in the near future? \$ _____

What is your total revenue projected for the next twelve month period? \$ _____

What percentage of revenues is derived from bonded contracts? _____ %

Largest Contract References – COMPLETED SINGLE Projects Only

Owner on Contract: _____ Project Name: _____

Contract \$: _____ Gross Profit _____ Year Completed: _____

Brief Description of Work: _____ Bonded Yes No

Contact Name: _____ Phone: _____

Owner on Contract: _____ Project Name: _____

Contract \$: _____ Gross Profit _____ Year Completed: _____

Brief Description of Work: _____ Bonded Yes No

Contact Name: _____ Phone: _____

Owner on Contract: _____ Project Name: _____

Contract \$: _____ Gross Profit _____ Year Completed: _____

Brief Description of Work: _____ Bonded Yes No

Contact Name: _____ Phone: _____

Owner on Contract: _____ Project Name: _____

Contract \$: _____ Gross Profit _____ Year Completed: _____

Brief Description of Work: _____ Bonded Yes No

Contact Name: _____ Phone: _____

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

Financial Reporting and Internal Controls

Fiscal year-end is _____ (for taxes) Is a Net Profit expected for the upcoming fiscal year-end? Yes No

Company state and federal taxes (including withholding) paid current? Yes No

If no, please explain:

Name of Accounting firm: _____ Address: _____

Contact Person: _____ Phone: _____ Email: _____

This Accounting firm is: CPA Public Accountant Other How long has this firm prepared your financial statements? _____

Do you have an accountant/bookkeeper on staff? Yes, Fulltime Yes, Part time No

Financial Statements are:

- a. For Financial Reporting: % of Completion Accrual Completed Job Cash
- b. Fiscal Year-End: Audit Review Compilation In-House
- c. Interim: Audit Review Compilation In-House

How frequently do you prepare:

- a. Interim Financial Statements: Semi-Annually Quarterly Monthly
- b. Work in Progress Reports: Semi-Annually Quarterly Monthly

What Software is used for:

- a. Accounting: _____ How often updated? _____
- b. Job Cost Analysis: _____ How often updated? _____
- c. Estimating: _____

What quality control procedures are used for reviewing new bid proposals?

Control and supervision of contracts by company supervisory staff are performed on what basis:

- a. Daily Weekly Monthly
- b. Personal Job Site Visits Through Reports Other If other, please specify _____

Is field staff reporting of jobs costs broken down by labor, materials, and by project? Yes No If no, please explain how job costs are monitored:

Office Management

Name of Office Manager: _____ How long in current position: _____

How often does Senior Management review the status of billings, collections and change orders? _____

What steps does the company take to ensure the collection of past due accounts receivable?

Note: Please attached Office Manager's resume.

Attorney Information

Name of Law firm: _____ Address: _____

Attorney Name: _____ Phone: _____ Email: _____

How long has your company been represented by this person? _____

Credit References

Give names of principal suppliers/subcontractors:

Name of Firm	Phone #	Material / Service Provided

Additional Comments:

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