



Contractor's Surety Survey

Name:		Tax ID#:
Address:	City:	State: Zip:
Business Phone:	Fax No.:	Mobile Phone:
Home Phone:	Office Secretary:	Email:
Date Formed:	Date Incorporated:	Fiscal Year End:
Type of Construction:		Territory:

STRUCTURE: Corporation S-Corp LLC Partnership Limited Partnership Sole Proprietorship

A. Ownership Detail, List of Owners and Key Personnel (please attach resumes, if available)

Name & Residence Address	Position/ Responsibility	% Of Ownership	Date of Birth	Social Security Number	Years With Company	Years in Construction
		%				
		%				
		%				
		%				

B. List of Affiliated, Subsidiary, or Related Companies in Which This Firm or its Stockholders Have an Interest Over 25%

Name and Tax ID #	Stock Ownership	Scope of Operations	Endorsement by Principal or Stockholders
	%		
	%		
	%		
	%		

C. State limits and carrier of liability and compensation insurance, (attach certificate of insurance) _____
 _____ Effective Date of Ins. ___/___/___

D. Largest work-on-hand handled in the past? \$ _____ When? _____

E. Largest bid bond ever approved? \$ _____ By whom? _____

F. Do you do any speculative building? _____

Is your organization presently involved in any litigation? _____

How many times in the last three (3) years have you had to seek legal help to settle a job related dispute? _____

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

_____ How long? _____

- H. If change desired by contractor, why? _____
- I. What company (or companies) provided surety bonds prior to your current one? _____
 _____ How long? _____
- J. Are bonds required from subcontractors? _____ When? _____
- K. How many jobs did you bond in the last year? _____
- L. Approximately what percent of work requires contract bonds? _____
- M. Has the contractor or any of the owners ever:
 - a. Defaulted on a contract? _____
If yes, attach letter with explanation
 - b. Caused a surety to pay a loss? _____
If yes, attach letter with explanation

N. List of Largest Jobs and Completion Date

Month/ Year	Contract Price	Bonded Y/N	Job Name and/or Description	Name of (A) Architect, (O) Owner, (E) Engineer and Complete Mailing Address VERY IMPORTANT	Phone Number
	\$				
	\$				
	\$				
	\$				
	\$				

- O. In regard to present work-on-hand:
 - a. How many employees?

 - b. How many crews?

- P. In regard to contractor's equipment:
 - a. Is equipment adequate for work program desired?

 - b. If not, what expenditures are anticipated?

 - c. Is equipment owned?

Q. Creditors

Major Suppliers and Person to Contact	Complete Mailing Address- Very Important	Phone Number

