Developer's 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 your agent, or broker.

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	GENERAL UNDERWRITING REQUIREMENTS WE REQUIRE THE FOLLOWING DOCUMENTS TO ESTABLISH SURE	TY 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.								
	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.								
Business Phone	()Fax ()								
Business Phone	()Fax ()								
	er:Year this b								
 Has there beel Has the compa Has the compa bankruptcy, or Are there any I Is the company Are there any I Are you involve Do you have a Are any assets 	y a subsidiary, parent, or holding company of any other company? en any change in the control of the company or any related entity in the past three years? any ever failed to complete an obligation? any, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever r been placed in receivership? liens filed against the company's or related entity's projects? ny, any stockholder, owner, partner or related entity an indemnitor or guarantor to any cred guarantees or contingent liabilities outstanding other than as noted in the latest financial s ved in any litigation? a continuity plan? s of the company or any indemnitor held in trust? " answers below; use additional pages if necessary.	itor?							



PRINCIPALS OF THE COMPANY

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE				% OF OWNERSHIP
RESIDENCE ADDRESS	CITY	STATE	ZIP		OWN	RENT	HOME PHON	<u> </u> E
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	HOW L	ONG IN TH	HIS IND			() /ITH THIS FIRM	YEAR BORN
Briverio Elocitor No.	OGGINE GEGGTITT NG.	TIOW E	ONG IIV II	110 1110	,001111	TIOW LONG VI	VIIII II II O I II IIVI	TEATEDITIV
PERSONAL BANK	ADDRESS					ACC	OUNT NUMBER	S
SPOUSE'S NAME						SPOUSE'S S	SOCIAL SECURI	TY NO.
NAME (AS IT SHOULD APPEAR ON IND	EMNITY AGREEMENT)			POSIT	TION OR T	TITLE		% OF OWNERSHIP
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PERSONAL BANK	ADDRESS					ACC	JUNI NUMBER	5
SPOUSE'S NAME						SPOUSE'S S	SOCIAL SECURI	TY NO.
NAME (AS IT SHOULD APPEAR ON INC	DEMNITY AGREEMENT)			POSI	TION OR 1	TITLE		% OF OWNERSHIP
					1			
RESIDENCE ADDRESS	CITY	STATE	ZIP		OWN	I 🔲 RENT	HOME PHON	E
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	HOW L	ONG IN T	HIS IND	DUSTRY	HOW LONG V	VITH THIS FIRM	YEAR BORN
PERSONAL BANK	ADDRESS					ACC	OUNT NUMBER	S
SPOUSE'S NAME						SPOUSE'S S	SOCIAL SECUR	ITY NO.
BUSINESS BANKING			Di	,	,		F /	,
Name of Bank			Phone	•	_)		Fax (_)
								th this Bank
	Account Nu							
Indicate line of credit amou	nt \$How secure	ed?			t	How much in	use \$	
ACCOUNTING								
Name of accounting firm			Phone	(_)		Fax (.)
AddressYears with this Firm								
	Audit/Review/Other					atements pre	pared?	
-	lso prepare the business and inc					-	-	
	· 					-		
Date of last IRS audit	Results							



BONDING

Who was your prior bonding con	•							
Location	LocationUnderwriterPhone			e()		Fax	(_)
Years with this bonding company	y Date	and amour	nt of larges	st single bond S	\$			
Largest work on hand at any one time was \$				during and				projects
Bond credit desired: Single \$								
Has any bonding company ever			-	-				
Have you provided collateral to t	he bonding company?_		If yes,	describe				
Reason for changing bonding co	mpany?							
INSURANCE								
Does your company carry insura	ince for:	YES	NO	Limits	N	IOTE: It m	ay k	e necessary to
Liability with completed operati	ons					veri	fy th	nat specific insurance
■ Workers' compensation						is ir	า ful	I force and effect
■ Property owned/leased						prio	r to	bond issuance.
Equipment owned/leasedBusiness life insurance:								
Insured	Company			Beneficiary			¢	Amount
REFERENCES List the three largest projects comp CITY / COUNTY INSPECTOR / ENGINEER	leted in the last five ye	ears:	PHONE	=		FAX		
on , occur inc. Ecrom, Enamezin			(()	
LENDER	PHONE		CONTA	,	# UNITS		<u>′</u>	GROSS PROFIT (LOSS) \$
PROJECT DESCRIPTION / LOCATION	SUBDIVISION NAME	<u> </u>	BONDII	NG COMPANY				YEAR COMPLETED
SITE IMPROVEMENT CONTRACTOR			CONTACT			PHONE		
						(
CITY / COUNTY INSPECTOR / ENGINEER						FAX	,	
LENDER	PHONE		(CONTA)	# UNITS	(<u>) </u>	GROSS PROFIT (LOSS) \$
LENDER	()		CONTA	AC I	# UNITS			GROSS PROFIT (LOSS) \$
PROJECT DESCRIPTION / LOCATION	SUBDIVISION NAME		BONDI	NG COMPANY				YEAR COMPLETED
SITE IMPROVEMENT CONTRACTOR			CONTACT			PHONE		
						()	
CITY / COUNTY INSPECTOR / ENGINEER			PHONE	E)		FAX ()	
LENDER	PHONE ()		CONTA	ACT	# UNITS		,	GROSS PROFIT (LOSS) \$
PROJECT DESCRIPTION / LOCATION	SUBDIVISION NAME		BONDI	NG COMPANY	-			YEAR COMPLETED
SITE IMPROVEMENT CONTRACTOR			CONTA	ACT		PHONE (<u> </u>	
						1	,	



List five principal material suppliers/subcontractors:

NAME		PHONE		FAX
		()		()
ADDRESS			CONTACT	
NAME		PHONE		FAX
		()		()
ADDRESS			CONTACT	,
NAME .		BUONE		Leav
NAME		PHONE (FAX ()
ADDRESS		()	CONTACT	
NAME		PHONE	·	FAX
		()		()
ADDRESS			CONTACT	
NAME		PHONE		FAX
···-		()		()
ADDRESS			CONTACT	,
List three title companies that are familiar with y	vour work:			
NAME	your work.	PHONE		FAX
NAME		()		()
ADDRESS		,	CONTACT	,
NAME		PHONE		FAX
ADDDECC		()	CONTACT	()
ADDRESS			CONTACT	
NAME		PHONE		FAX
		()		()
ADDRESS			CONTACT	
ADDITIONAL INFORMATION				
Each of the undersigned affirms that the foregoing s	statements are true and	d are made to indu	ıce Developers S	urety and Indemnity Company and/or
Indemnity Company of California (hereinafter called				
or renewal thereof, addition hereto, or substitution t authorizes Surety, or its authorized agent, Insco In				
not credit should be granted.	cararios corvioso, mo.	, to gamer inform		modelary for evaluating whether of
	COMPANY NAME			
DATE:	RY·			TITLE:
5,	D1.			
SUBMITTED THROUGH:	BROKER / AGENCY		ADDRESS	
	BHONER / AGENCY		ADDRESS	
PRODUCER NO	CONTACT	PHONE		FAX
	CONTACT	FHUNE		1 44



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