

THE SERVICE INSURANCE COMPANY, INC.
80 Main St., 3RD FL., West Orange, NJ 07052
Phone: 973-731-7650 Fax: 973-731-7889

CONTRACTOR'S SURETY APPLICATION QUESTIONNAIRE

Date Prepared: _____

Contractor: _____
(as name appears on tax return)

Address: _____ Phone: _____

Date Business Formed: _____ Corp. _____ Partnership _____ Proprietorship _____ Date Incorporated _____

Has there been any recent change in control of company? YES _____ NO _____

If so, explain: _____

Is the company or its owners connected with other companies as a subsidiary, parent, holding or affiliate in any way?

YES _____ NO _____ If so, explain: _____

CORPORATE OFFICERS - PARTNERS - PROPRIETOR - OWNERS - KEY PERSONNEL: (Please Complete)

<u>Name</u>	<u>Marital Status</u>	<u>Age</u>	<u>Position</u>	<u>% of Ownership</u>	<u>Social Security #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

In what class of construction do you specialize? _____

LIST THE FIVE LARGEST CONTRACTS COMPLETED IN THE PAST 3 YEARS:

<u>Owner, Person To Contact</u>	<u>Phone Number</u>	<u>Kind Of Work</u>	<u>Contract Price</u>	<u>Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NAME OF PRESENT AND PRIOR SURETIES:

SURETY

AGENT

SURETY

AGENT

Has this company or any prior company you were employed by or had ownership in (or any owner) ever defaulted on a contract forcing a Surety to suffer a loss or a claim?

If so explain: _____

Has there been or are there any claims pending or prior claims on bonds issued prior or current. If so, explain on separate attachment.

THIS IS TO CERTIFY THERE ARE NO PRIOR/PENDING OR NOTICE OF CLAIMS.

X _____ None of the Above
Insurance Agent (Must Sign)

X _____ None of the Above
Principal (Must Sign)

Have you applied to other surety companies within the last year? YES _____ NO _____

Has your company ever failed to complete a contract? If so, explain _____

Any disputes on contracts? If so explain _____

Has company, any affiliated company, or any owner ever experienced a bankruptcy? _____ been in receivership? _____

If so explain: _____

Are any claim notices for labor and/or material filed against your company?

If so explain: _____

If additional space is required for any yes answers, please attach additional signed pages.

LIST PRINCIPAL SUPPLIERS:

Name	Material/Service Provided	Street Address, City & Zip Code	Phone Number (include area code)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL INFORMATION

Accounting

Name of Accounting Firm: _____ Phone: _____

How many years has this firm prepared financial statements? _____ Tax Returns: _____

Fiscal year end: _____ Are taxes, both company & personal current?: _____

Basis of preparation of Statements:		Tax payments:	
_____ Cash _____ Completed Contract		_____ Cash _____ Completed Contract	
_____ Simple Accrual _____ % of Completion		_____ Simple Accrual _____ % of Completion	

Bank

Name of Bank _____ Account Manager _____

Address _____ Phone Number () _____

Account Numbers _____

Amount of line of credit \$ _____ Amount in use \$ _____

How secured: _____ Expiration Date: _____

Attach letter from bank confirming line of credit and/or relationship/ credit/ banking history.

FRAUD STATEMENT

We do not provide coverage where a person makes fraudulent statements to any insurance company, or where a person files an application for insurance or bonds or files a statement of claim containing any false information, or conceals for the purpose of misleading, information concerning any material fact. The aforementioned acts constitute a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. In some states, the aforementioned acts may be subject to criminal prosecution.

I/WE AUTHORIZE THE COMPANY TO INVESTIGATE MY STATEMENTS AND TO CHECK MY/OUR CREDIT WITH ANY CREDITORS OR LENDING INSTITUTIONS. THIS INCLUDES PERSONAL INFORMATION.

SIGNED THIS _____ DAY OF _____

Signature _____ Name and Title _____

Signature _____ Name and Title _____

Agent/Broker _____ Phone () _____

Address _____ Agent/Broker License No. _____