



AGENT/BROKER _____

PHONE _____

CONTACT NAME _____

HCCS PRODUCER CODE _____

Total Net Worth

CONTRACTORS QUALIFICATION QUESTIONNAIRE

Section A: Organization and Background

COMPANY NAME		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
ADDRESS LINE ONE		<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC/LLP
CITY/ STATE/ ZIP		BUSINESS PHONE	
DATE BUSINESS FORMED		BUSINESS FAX	
STATE LICENSE NUMBER		EMAIL ADDRESS	

Principal Officers of the Company

	OWNER 1 NAME	SSN	DOB	POSITION
OWNER 1	HOME OWNERSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR HOME PURCHASED	EMPLOYED SINCE	% of BUSINESS OWNERSHIP
	HOME ADDRESS CITY/ STATE/ ZIP			EMAIL ADDRESS
	SPOUSE NAME		SPOUSE SSN	DOB
OWNER 2	OWNER 2 NAME	SSN	DOB	POSITION
	HOME OWNERSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR HOME PURCHASED	EMPLOYED SINCE	% of BUSINESS OWNERSHIP
	HOME ADDRESS CITY/ STATE/ ZIP			EMAIL ADDRESS
SPOUSE NAME		SPOUSE SSN	DOB	
OWNER 3	OWNER 3 NAME	SSN	DOB	POSITION
	HOME OWNERSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR HOME PURCHASED	EMPLOYED SINCE	% of BUSINESS OWNERSHIP
	HOME ADDRESS CITY/ STATE/ ZIP			EMAIL ADDRESS
SPOUSE NAME		SPOUSE SSN	DOB	
OWNER 4	OWNER 4 NAME	SSN	DOB	POSITION
	HOME OWNERSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR HOME PURCHASED	EMPLOYED SINCE	% of BUSINESS OWNERSHIP
	HOME ADDRESS CITY/ STATE/ ZIP			EMAIL ADDRESS
SPOUSE NAME		SPOUSE SSN	DOB	

<p>Have you, your spouse, or company ever :</p> <p>declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>failed in any business venture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>currently involved in litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>failed to complete a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>caused a surety to pay a loss? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>subject to a federal or state tax lien? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>been a principal or indemnitor on a bond which a claim was brought? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are any of your assets in Trust(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a guarantor for a third party liability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have an interest in an affiliate, subsidiary, or related company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you answered YES to any of the questions above, please attach a detailed explanation.</i></p>
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Section B: Surety Information

PRESENT SURETY		HOW LONG WITH PRESENT SURETY	PRESENT RATE
LARGEST BONDED JOB		WHY CHANGE OF SURETY	
PERSONAL INDEMNITIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, LIST INDEMNITORS	
ADDITIONAL CORPORATE INDEMNITIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, LIST ADDITIONAL INDEMNITORS	
COLLATERAL PROVIDED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PROVIDE DETAILS	

Section C: Scope of Operations

TYPE OF CONSTRUCTION	% OF WORK AS PRIME	% OF WORK AS SUB
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Largest jobs completed in the last 5 years					
	OWNER'S NAME/ CONTACT INFORMATION	JOB DESCRIPTION	CONTRAT AMOUNT	YEAR COMPLETED	TIME REQUIRED TO COMPLETE
1					
2					
3					

Largest work-on-hand position of company, at any one time was \$ _____ during _____ (year) and consisted of _____ contracts.

Name of Principal Suppliers				
	NAME	ADDRESS	PHONE NUMBER	FAX NUMBER
1				
2				
3				

Section D: Financial Information

BANK NAME	CONTACT NAME/ PHONE NUMBER	LINE OF CREDIT AMOUNT	NATURE OF SECURITY
		\$	
		\$	

ACCOUNTANT FIRM NAME	CONTACT NAME
ACCOUNTANT ADDRESS (INCLUDE CITY/ STATE/ ZIP)	EMAIL ADDRESS
HOW LONG HAS THIS FIRM ACTED AS YOUR AUDITOR?	BUSINESS PHONE

visit us at tmhcc/surety.com for more information