



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	STATE LICENSE NUMBER	BUSINESS FAX	
		EMAIL ADDRESS	

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

<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

The Undersigned hereby represents that the herein statements are true and authorizes any bank or other reference to verify the correctness of items in the above statement to the Surety. Surety is authorized to investigate, at any time, the Undersigned's credit, employment history, and department of motor vehicle records.

Dated: _____

Signature of Applicant

Signature of Applicant

visit us at tmhcc/surety.com for more information



Fraud Warnings and Privacy Policy

Fraud Warnings

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

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, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.



TOKIO MARINE
HCC

Fraud Warnings and Privacy Policy

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Material misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits 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 such violation.

Privacy Policy

Here at Tokio Marine HCC – Surety Group we know that your privacy is important to you, which makes it important to us. In support of changes to data privacy laws, we've made updates to our Privacy Policy and want to make sure you are aware of our updates. The new version of our privacy policy is available at www.tmhcc.com/en-us/legal/privacy-policy.