



## Smith Manus Contractor Questionnaire

### Contact Information

Company Name:

Primary Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Overnight Service & Account # (only to be used with your permission):

Will all owners, spouses and affiliates of the company provide full corporate indemnification?

YES

NO

Have there been any changes in ownership within the previous three years?

YES

NO

Is there a continuity plan in the event of death or disability?

YES

NO

Has the company or any of its owners ever petitioned for bankruptcy, failed to complete a contract, defaulted on a contract causing a surety loss, failed in business or compromised a creditor?

YES

NO

Is the company or any of its owners currently involved in any litigation?

YES

NO

Are there any liens filed against the company's projects?

YES

NO

### Company Ownership

**1.) Legal Name:**

Date of Birth:

SSN:

Legal Name of Spouse:

Spouse SSN:

Title:

Percent Owned:

Home Address:

**2.) Legal Name:**

Date of Birth:

SSN:

Legal Name of Spouse:

Spouse SSN:

Title:

Percent Owned:

Home Address:

**3.) Legal Name:**

Date of Birth:

SSN:

Legal Name of Spouse:

Spouse SSN:

Title:

Percent Owned:

Home Address:

**4.) Legal Name:**

Date of Birth:

SSN:

Legal Name of Spouse:

Spouse SSN:

Title:

Percent Owned:

Home Address:

**5.) Legal Name:**

Date of Birth:

SSN:

Legal Name of Spouse:

Spouse SSN:

Title:

Percent Owned:

Home Address:

**Company Information**

Type of Entity:		Percentage of work that is prime:
Type of construction:		Percentage of work subcontracted from others:
Fiscal Year-End:		Largest bonded contract completed:
Federal I.D.#:		Largest non-bonded contract completed:
Date business started:		Largest amount of uncompleted work in the past:
Date Incorporated:	State of Incorporation:	What single contract bonding capacity are you seeking?
Geographic area of operation:		What aggregate contract bonding capacity are you seeking?
Number of employees:	Number of crews:	Expected annual revenue for next year:

**Subsidiaries, Affiliates and Related Companies of this Company or Owners**

Name:	Ownership:
Type of Business:	

**References: Please list your five largest completed contracts****1.) Project description and location:**

Contracted Price:	Bonded? YES <input type="checkbox"/> NO <input type="checkbox"/>	Gross Profit:	Year Completed:
Owner/Architect/engineer contact:			
Address:		Phone:	
Fax:		Email:	

**2.)Project description and location:**

Contracted Price:	Bonded? YES <input type="checkbox"/> NO <input type="checkbox"/>	Gross Profit:	Year Completed:
Owner/Architect/engineer contact:			
Address:		Phone:	
Fax:		Email:	

**3.)Project description and location:**

Contracted Price:	Bonded? YES <input type="checkbox"/> NO <input type="checkbox"/>	Gross Profit:	Year Completed:
Owner/Architect/engineer contact:			
Address:		Phone:	
Fax:		Email:	

**4.)Project description and location:**

Contracted Price:	Bonded? YES <input type="checkbox"/> NO <input type="checkbox"/>	Gross Profit:	Year Completed:
Owner/Architect/engineer contact:			
Address:		Phone:	
Fax:		Email:	

**5.)Project description and location:**

Contracted Price:	Bonded? YES <input type="checkbox"/> NO <input type="checkbox"/>	Gross Profit:	Year Completed:
Owner/Architect/engineer contact:			
Address:		Phone:	
Fax:		Email:	

Subcontractor Reference				
Name:		Contact:		
Address:		Phone:		
Fax:		Email:		
Subcontractor Reference				
Name:		Contact:		
Address:		Phone:		
Fax:		Email:		
Accounting Information				
CPA Firm:		Contact:		
Address:		Phone:		
Fax:		Email:		
Compilation/Review/Audit		Years with the firm:		
Banking Information				
Name:		Contact:		
Address:		Phone:		
Fax:		Email:		
Customer since:		Line of credit amount:		
Line of credit in use:		Secured by:		
Expiration date:		Interest rate:		
Payment terms:				
Bonding Information				
Current or prior bonding companies			Years with each	
1.)				
2.)				
3.)				
Date of largest single contract bonded:		Amount:	Collateral provided:	
Funds control provided:			Reason for changing:	
Property and Casualty Insurance				
Agent:		Carrier:		
Limits:				
Life Insurance on Key Personnel				
Owner:		Beneficiary:		
Amount:		Cash Value:		
Carrier:				
Key Personnel				
Name	Position	Age	Time in Position	Time in Industry
1.)				
2.)				
3.)				

## Additional Information

## Authorization

*The undersigned states that the foregoing statements are true and accurate as of the date signed and authorizes Smith Manus to check the applicant's, it's officers and principals credit and verify information in this questionnaire. The undersigned authorizes Smith Manus and its surety companies to contact the individuals and companies provided as references to confirm any information contained in this questionnaire for the purposes of obtaining a bond/bond program.*

*The Undersigned individual as applicant for surety credit or as an indemnitor for a surety transaction hereby acknowledges that individual and/or business credit history may be a necessary requirement in the underwriting and evaluation of surety bonds.*

*Therefore, the undersigned does hereby consent to and authorize Smith Manus and their agents to obtain at any time, as they deem necessary, to order his or her personal consumer credit report. This authorization shall remain in full force and effect until cancelled in writing by sending a request to the following address requesting that this agreement be terminated with a written acknowledgment from Smith Manus stating that the request was received.*

*Smith Manus, 2307 River Road, Suite 200, Louisville, KY 40206*

Signature:

Printed Name:

Title:

Date:

## Privacy Statement

At Smith Manus, we understand the importance of personal privacy. All information collected and stored will be used for Smith Manus business purposes only. We will not sell or share this information with any unauthorized third parties. We will take every precaution to provide you with the highest level of privacy.