



**CONTRACTOR'S QUESTIONNAIRE FOR BONDS LESS THAN \$150,000**

Contractor Applicant \_\_\_\_\_ Year Business Formed \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E Mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Organization: Individual Proprietorship  Corp  LLC  Partnership  Sub S   
Type of Work Performed \_\_\_\_\_ Normal Geographic Area of Work \_\_\_\_\_

**Owner(s) of Business (For additional owners, attach additional sheet)**

Partners or Stockholders	Title	Home Address & Zip	SS#	% Owned	Spouse's Name

**Banking Facilities and Accounting:**

Bank Name & City \_\_\_\_\_ Officer Name \_\_\_\_\_ Phone \_\_\_\_\_  
Fiscal Year End Statements Prepared  In-House  By CPA Name \_\_\_\_\_ Phone \_\_\_\_\_  
Line of Credit Available  Yes  No Amount of Line \_\_\_\_\_ Amount Drawn \_\_\_\_\_ Renewal Date \_\_\_\_\_

**Largest Current Suppliers:**

Supplier Name	Phone

**3 Largest Jobs (Bonded or Unbonded) Completed in Last 5 Years:**

Job Description	Contract Price	Owner, Architect/Engineer or Gen Con Contact Person	Phone

**Work on Hand**

Total Value of all jobs in progress \_\_\_\_\_ Total Cost to complete all jobs in progress \_\_\_\_\_  
Number of Jobs in progress \_\_\_\_\_ Number of employees \_\_\_\_\_ Number of work crews \_\_\_\_\_

**SUBMISSION CHECKLIST:**

- 1 This Questionnaire
- 2 Owner's Personal Financial Statement

**We certify that the information in this application for surety credit is true and correct. Insurors Indemnity Company is authorized to investigate directly and through credit reporting companies any information pertaining to the Contractor and the individuals involved. Contractor authorizes its banks, creditors and suppliers to release credit history to Insurors Indemnity Company.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Agency Name \_\_\_\_\_ Contact \_\_\_\_\_



**CONTRACT BOND REQUEST**

Contractor Name \_\_\_\_\_

Description of Project \_\_\_\_\_

\_\_\_\_\_ Location \_\_\_\_\_

Engineer / Architect \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Bid Bond Bid Bond Percentage amount \_\_\_\_\_ %

Final Performance & Payment Bond  Maintenance Bond

Bid Date \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Maintenance Period \_\_\_\_\_ Liquidated Damages \$ \_\_\_\_\_

Estimated Bid/Contract Price \$ \_\_\_\_\_

Name of Obligee \_\_\_\_\_

Obligee Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner if subcontract bond \_\_\_\_\_

Please show job cost breakdown below or on a separate sheet

Labor \_\_\_\_\_ Material \_\_\_\_\_ Subcontracts \_\_\_\_\_ Overhead \_\_\_\_\_

Gross Profit \_\_\_\_\_ Total Contract \_\_\_\_\_

Does this job involve hazardous waste, petroleum related cleanup, asbestos or lead abatement? Yes  No

If "Yes" give dollar amount or percentage of total contract involving above types of work: \_\_\_\_\_

**For Final Bond requests, please list the three lowest bidders and their amounts:**

Low Bidder \_\_\_\_\_ \$ \_\_\_\_\_

2nd \_\_\_\_\_ \$ \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_ \$ \_\_\_\_\_

High Bidder \_\_\_\_\_ \$ \_\_\_\_\_

**SUBMISSION CHECKLIST:**

Please provide a copy of the contract for any final bond.

Please provide copies of any specific bond forms required.

Please provide a Certificate of Insurance issued to IIC if not already on file.

Attach Acceptance Letter for Maintenance Bond

Agency Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_