## **CONTRACTOR'S QUESTIONNAIRE**



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		GENERAL INF	ORMATION					
Contractor: (Legal name as it appears on license)				Type: (Corp/S Corp/LLC etc.)				
Mailing Address:				Tel:				
Physical Address:				Tax ID #:				
License Number:	License Class: Type			Work:				
State Incorporated:		Date Started:						
Geographical Area of Operations	:							
Typically Subcontracted (%):	Tı	rades Subcontra	cted (%):					
Number of Employees (excluding	Owners	6):						
		CONTACT INF						
Name: Tit			and Key Personnel)	Cell:				
	Title: Email: Title: Email:			Cell:				
	le:		nail:					
	le:		nail:	Cell:				
Name: Tit	le:	En	nail:	Cell:				
		OWNERS	3					
(Include Spouses	<u>, unless</u>	there is a legal i	matrimonial agreeme					
Full Legal Name	Marital Status	DOB	Position	% of Ownership	Social Security Number			
Is there a formal Buy/Sell Agreem	ient in p	lace? (Please pr	ovide a copy)					
If Yes to above, is the agreement	funded	by life insurance	?					
Has there been any recent chang	e in con	trol of company?	?					
Does the company have subsidia	ry, pare	nt, holding or affi	liated companies?					
Do any of the owners have a maje	ority ow	nership in any ot	her companies?					
Does this apply of any of the owners: 8a Veteran Disabled Veteran Native American				In				
Have you ever participated in either c Louisiana Economic Developr			usiness Development	Program				
Small Business Association (SBA) Surety Bond Guarantee								
If yes to any of these questions above, please provide documentation								
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JOB EXPERIENCE							
PLEASE LIST THE 3 LARGEST CONTRACTS COMPLETE IN THE LAST THREE YEARS							
1. Job Description:							
Contract With: (Owner or GC)							
Contact:	Phone:	Email:					
Contact Price: \$	Amount of Profit/L	Loss: \$					
Date Completed:							
Comments:							
2. Job Description:							
Contract With: (Owner or GC)							
Person to Contact:	Phone:	Email:					
Contact Price: \$	Amount of Profit/Lo	oss: \$					
Date Completed:							
Comments:							
3. Job Description:							
Contract With: (Owner or GC)							
Person to Contact:	Phone:	Email:					
Contact Price: \$	Amount of Profit/L	.oss: \$					
Date Completed:							
Comments:							
	REFERENCES						
LIST 3 OWNERS/ARCHITECTS/ENGINEE	RS WITH WHO YOU HAVE WORK	KED WITH IN THE LAST 3 YEARS					
NAME							
1.							
<u>2.</u> 3.							
5.							
	ONTRACTORS WITH WHO YOU	HAVE WORKED WITH IN THE LAST 3 YEARS					
NAME 1.							
2.							
3.							
LIST 3 SUPPLIERS WITH WHOM YOU		RIAI					
NAME							
1.							
2.							
3.							
BOND HISTORY							

(List Current and Previous Bonding Companies)				
Agency Name:				
Surety Name:				
eason for Moving:				

GENERAL							
Has company (or any owner) ever defaulted on a contract forcing a Surety to suffer a loss?							
Has your company ever failed to complete a contract? Any current disputes on contracts?							
Has company, any affiliated company, or any owner ever been in bankruptcy/receivership? (If yes, give details on a separate sheet.)							
ACCOUNTING When is the Company's Fiscal Year End?							

I/We authorize Surety Bond Solutions, LLC and/or the Surety to investigate the information provided on this application. We understand that inquires will be made to verify the past performance and credit history, and that Surety Bond Solutions, LLC, and/or surety, will order credit reports on the company, it's owners, officers, and their spouses.

By:	Print Name & Title	Date: